


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 804584			
1. Entity Name PACIFIC LIFE INSURANCE COMPANY			
Principal Place of Business 700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660		Mailing Address 700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: CARMICHAEL, DAVID R STREET ADDRESS: 700 NEWPORT CENTER DRIVE CITY-ST-ZIP: NEWPORT BEACH, CA 92660	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 300109770793 STREET ADDRESS: 09/21/07--01052--003 **558.75 CITY-ST-ZIP:		
TITLE: VPS <input type="checkbox"/> Delete NAME: MILFS, AUDREY L STREET ADDRESS: 700 NEWPORT CENTER DR CITY-ST-ZIP: NEWPORT BCH, CA 00000,	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: CEO <input checked="" type="checkbox"/> Delete NAME: SUTTON, THOMAS C. STREET ADDRESS: 700 NEWPORT CENTER DRIVE CITY-ST-ZIP: NEWPORT BCH, CA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D <input type="checkbox"/> Delete NAME: TRAN, KHANH T STREET ADDRESS: 700 NEWPORT CENTER DRIVE CITY-ST-ZIP: NEWPORT BEACH, CA 92660	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: VP <input type="checkbox"/> Delete NAME: GIBBONS, THOMAS STREET ADDRESS: 45137 BIG CANYON ST CITY-ST-ZIP: INDIJO, CA 92201	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: DCOO <input type="checkbox"/> Delete NAME: MORRIS, JAMES T STREET ADDRESS: 29022 PINTAIL CIR CITY-ST-ZIP: LAGUNA NIGUEL, CA 92677	TITLE: D/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07172007 Chg-P CR2E034 (12/06)

4. FEI Number
95-1079000 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Gibbons 9/12/07 949.219.7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/25