


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 804584 1. Entity Name PACIFIC LIFE INSURANCE COMPANY	
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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
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-1079000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000948715
05/02/08-80066-018 150.00

-10- OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMICHAEL, DAVID R
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VPS
NAME	MILFS, AUDREY L
STREET ADDRESS	700 NEWPORT CENTER DR
CITY-ST-ZIP	NEWPORT BCH, CA 00000,
TITLE	D
NAME	TRAN, KHANH T
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VP
NAME	GIBBONS, THOMAS
STREET ADDRESS	45137 BIG CANYON ST
CITY-ST-ZIP	INDIO, CA 92201
TITLE	DPCE
NAME	MORRIS, JAMES T
STREET ADDRESS	29022 PINTAIL CIR
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 **4-29-08** 949-219-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #