

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804584

FILED
May 04, 2009
Secretary of State

Entity Name: PACIFIC LIFE INSURANCE COMPANY

Current Principal Place of Business:

700 NEWPORT CENTER DRIVE
P.O. BOX 9000
NEWPORT BEACH, CA 92660

New Principal Place of Business:

700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

Current Mailing Address:

700 NEWPORT CENTER DRIVE
P.O. BOX 9000
NEWPORT BEACH, CA 92660

New Mailing Address:

700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

FEI Number: 95-1079000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARMICHAEL, DAVID R
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VPS () Delete
Name: MILFS, AUDREY L
Address: 700 NEWPORT CENTER DR
City-St-Zip: NEWPORT BCH, CA 00000,

Title: D () Delete
Name: TRAN, KHANH T
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VP () Delete
Name: GIBBONS, THOMAS
Address: 45137 BIG CANYON ST
City-St-Zip: INDIO, CA 92201

Title: DPCE () Delete
Name: MORRIS, JAMES T
Address: 29022 PINTAIL CIR
City-St-Zip: LAGUNA NIGUEL, CA 92677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GIBBONS

VP

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date