2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804584

Entity Name: PACIFIC LIFE INSURANCE COMPANY

FILED Mar 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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: Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: CHEEVER, SHARON A 700 NEWPORT CENTER DRIVE Address:

City-St-Zip: NEWPORT BEACH, CA 92660

Title: VPS

Name: MILFS, AUDREY L

700 NEWPORT CENTER DR Address: NEWPORT BCH, CA 00000, City-St-Zip:

Title:

TRAN, KHANH T Name:

700 NEWPORT CENTER DRIVE Address: City-St-Zip: NEWPORT BEACH, CA 92660

Title: VΡ

GIBBONS, THOMAS Name:

Address: 700 NEWPORT CENTER DRIVE City-St-Zip: NEWPORT BEACH, CA 92660

Title: DPCE

Name: MORRIS, JAMES T

700 NEWPORT CENTER DRIVE Address: City-St-Zip: NEWPORT BEACH, CA 92660

I hereby 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 all other like empowered.

SIGNATURE: AUDREY L MILFS **VPS** 03/01/2010