

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804584

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** PACIFIC LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

700 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

**Current Mailing Address:**

700 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHEEVER, SHARON A  
Address: 700 NEWPORT CENTER DRIVE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VPS  
Name: GUON, JANE M  
Address: 700 NEWPORT CENTER DR  
City-St-Zip: NEWPORT BEACH, CA 92660

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

Title: VP  
Name: GIBBONS, THOMAS  
Address: 700 NEWPORT CENTER DRIVE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DPCE  
Name: MORRIS, JAMES T  
Address: 700 NEWPORT CENTER DRIVE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: T  
Name: KALSCHUR, DENIS P  
Address: 700 NEWPORT CENTER DRIVE  
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: JANE M. GUON

VPS

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date