

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804584

FILED
Feb 16, 2012
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: SVP
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

02/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date