

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **804584** (1)  
1. Corporation Name  
**PACIFIC MUTUAL LIFE INSURANCE COMPANY**



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**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc					Suite, Apt. #, etc				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified: **08/03/1936**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **95-1079000**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER OF FLORIDA  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the filer, if applicable)

Name (Registered Agent Signature required when new filing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GERKEN, WALTER B</b>	
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>	
CITY - ST - ZIP	<b>NEWPORT BCH CA</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>MILFS, AUDREY L</b>	
STREET ADDRESS	<b>700 NEWPORT CENTER DR</b>	
CITY - ST - ZIP	<b>NEWPORT BCH, CA 00000</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTTON, THOMAS C.</b>	
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>	
CITY - ST - ZIP	<b>NEWPORT BCH CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, DONN B.</b>	
STREET ADDRESS	<b>440 SOUTH HOPE STREET</b>	
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WIRTHLIN, R. LEE</b>	
STREET ADDRESS	<b>700 NEWPORT CENTER DR</b>	
CITY - ST - ZIP	<b>NEWPORT BEACH CA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHAFER, GLENN S</b>	
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>	
CITY - ST - ZIP	<b>NEWPORT BEACH CA</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HARRY G. BUBB</b>	
1.3 STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>	
1.4 CITY - ST - ZIP	<b>NEWPORT BEACH, CA 92660</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**R. LEE WIRTHLIN**

4/30/96 (714) 760-4086

CR2E034 (12/95)