

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804584

Entity Name: PACIFIC LIFE INSURANCE COMPANY

Current Principal Place of Business:

700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

Current Mailing Address:

700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

FEI Number: 95-1079000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR AND PRESIDENT
Name TRAN, KHANH T
Address 700 NEWPORT CENTER DRIVE
City-State-Zip: NEWPORT BEACH CA 92660

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

Title DIRECTOR, CHAIRMAN, CEO
Name MORRIS, JAMES T
Address 700 NEWPORT CENTER DRIVE
City-State-Zip: NEWPORT BEACH CA 92660

Title T
Name KRUM, JOSEPH
Address 700 NEWPORT CENTER DRIVE
City-State-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

VP & SECRETARY

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date