2016 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 P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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

FILED Apr 28, 2016

Secretary of State

CC7055821820

Officer/Director Detail:

Title DIRECTOR, SVP, & GENERAL Title DIRECTOR, VP, & SECRETARY

COUNSEL

Name CHEEVER, SHARON A
Address 700 NEWPORT CENTER DRIVE

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

Name

GUON, JANE M

City-State-Zip: NEWPORT BEACH CA 92660

Title DIRECTOR, EVP, & CHIEF FIANCIAL

OFFICER Name HARR, LAWRENCE F

OFFICER

Name GRIGGS, ADRIAN S Address 700 NEWPORT CENTER DRIVE

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

City-State-Zip: NEWPORT BEACH CA 92660 Title EVP

Title DIRECTOR, CHAIRMAN, PRESIDENT, Name BROWN, MARY ANN

& CEO Address 700 NEWPORT CENTER DRIVE

Name MORRIS, JAMES T City-State-Zip: NEWPORT BEACH CA 92660

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 04/28/2016