

**2019 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

**Officer/Director Detail :**

Title DIRECTOR, SVP & GENERAL COUNSEL  
Name CHEEVER, SHARON A  
Address 700 NEWPORT CENTER DRIVE  
City-State-Zip: NEWPORT BEACH CA 92660

Title VP & SECRETARY  
Name GUON, JANE M  
Address 700 NEWPORT CENTER DRIVE  
City-State-Zip: NEWPORT BEACH CA 92660

Title DIRECTOR, EVP & CHIEF OPERATING OFFICER  
Name GRIGGS, ADRIAN S  
Address 700 NEWPORT CENTER DRIVE  
City-State-Zip: NEWPORT BEACH CA 92660

Title DIRECTOR  
Name HARR, LAWRENCE F  
Address 700 NEWPORT CENTER DRIVE  
City-State-Zip: NEWPORT BEACH CA 92660

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

Title DIRECTOR, EVP & CHIEF FINANCIAL OFFICER  
Name BUTTON, DARRYL D  
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**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date