

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 804584 (1)

1. Corporation Name
PACIFIC 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1936	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-1079000	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, RICHARD M	1.2 NAME	
STREET ADDRESS	700 NEWPORT CENTER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BCH CA	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILFS, AUDREY L	2.2 NAME	
STREET ADDRESS	700 NEWPORT CENTER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BCH, CA 00000	2.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, THOMAS C.	3.2 NAME	
STREET ADDRESS	700 NEWPORT CENTER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BCH CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DONN B.	4.2 NAME	
STREET ADDRESS	440 SOUTH HOPE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRTHLIN, R. LEE	5.2 NAME	
STREET ADDRESS	700 NEWPORT CENTER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, GLENN S	6.2 NAME	
STREET ADDRESS	700 NEWPORT CENTER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)