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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90113 013 ***150.00

0653684

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 804584

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1936

4. FEI Number
95-1079000

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a other like empowered.

SIGNATURE:

R. Lee Wirthlin

R. LEE WIRTHLIN 4/21/99 (949) 760-4086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)