## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **804584** PACIFIC LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 700 NEWPORT CENTER DRIVE 700 NEWPORT CENTER DRIVE P.O. BOX 9000 P.O. BOX 9000 **NEWPORT BEACH CA 92660** NEWPORT BEACH CA 92660-6307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

INSURANCE COMMISSIONER OF FLORIDA

9. This corporation is eligible to satisfy its Intangible

FERRY, RICHARD M

NEWPORT BCH CA

MILFS, AUDREY L

700 NEWPORT CENTER DRIVE

700 NEWPORT CENTER DR

NEWPORT BCH, CA 00000

700 NEWPORT CENTER DRIVE

440 SOUTH HOPE STREET

700 NEWPORT CENTER DR

700 NEWPORT CENTER DRIVE

**NEWPORT BEACH CA** 

SCHAFER, GLENN S

NEWPORT BEACH CA

SUTTON, THOMAS C.

**NEWPORT BCH CA** 

MILLER, DONN B.

LOS ANGELES CA

WIRTHLIN, R. LEE

Tax filing requirement and elects to do so.

(See criteria on back)

VPS.

CAPITOL BLDG. TALLAHASSEE FL 32304

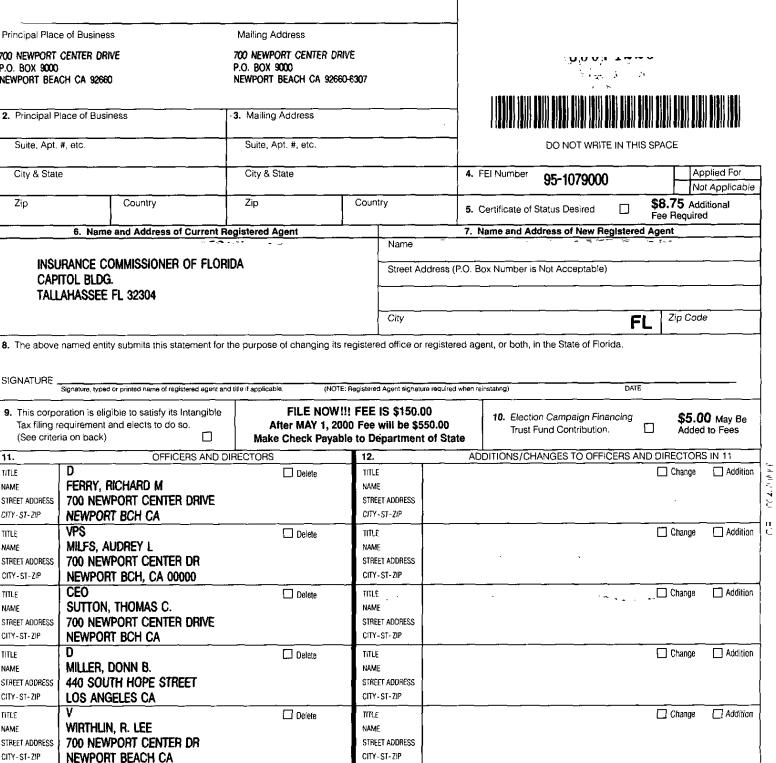
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

## **FILED** Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90068 049 \*\*\*150.00



13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

□ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Defete

□ Delete

12.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

TITLE .

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

Name

SIGN	<b>ATU</b>	RE:
------	------------	-----

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. LEE WIRTHLIN

04/18/00

(949)219-4086

☐ Change

Addition

Daytime Phone #