

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90091 048 ***150.00

DOCUMENT # P00736

1. Entity Name
PACIFIC LIFE & ANNUITY COMPANY



Principal Place of Business
700 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

Mailing Address
700 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3769814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, WILLIAM L.	
STREET ADDRESS	1990 PORT EDWARD CIRCLE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FENTON, MICHEAL P	
STREET ADDRESS	700 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFER, GLENN S.	
STREET ADDRESS	24566 SANTA CLARA AVENUE	
CITY-ST-ZIP	DANA POINT CA 92629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILFS, AUDREY L.	
STREET ADDRESS	26922 ROCKINGHORSE LANE	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, THOMAS C.	
STREET ADDRESS	4627 CAMDEN DRIVE	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	WIRTHLIN, R, LEE	
STREET ADDRESS	700 NEWPORT CENTER DR	
CITY-ST-ZIP	NEWPORT BEACH CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMICHAEL, DAVID R.	
STREET ADDRESS	1525 SERENADE TERRACE	
CITY-ST-ZIP	CORONA DEL MAR, CA 92625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of William L. Ferris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2003

Date

Daytime Phone #

CR2E034 (10/02)