


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90108 016 ***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		4. FEI Number 95-3769814	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMICHAEL, DAVID R		NAME		
STREET ADDRESS	1525 SERENADE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CORONA DEL MAR, CA 92625		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FENTON, MICHEAL P		NAME		
STREET ADDRESS	700 NEWPORT CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH, CA 92660		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR/CHIEF OPERATING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHAFFER, GLENN S.		NAME	MORRIS, JAMES T.	
STREET ADDRESS	24566 SANTA CLARA AVENUE		STREET ADDRESS	29022 PINTAIL CIRCLE	
CITY-ST-ZIP	DANA POINT, CA 92629		CITY-ST-ZIP	LAGUNA NIGUEL, 92677	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILFS, AUDREY L.		NAME		
STREET ADDRESS	26922 ROCKINGHORSE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAGUNA HILLS, CA		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, THOMAS C.		NAME		
STREET ADDRESS	4627 CAMDEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORONA DEL MAR, CA		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WIRTHLIN, R, LEE		NAME	GIBBONS, THOMAS	
STREET ADDRESS	700 NEWPORT CENTER DR		STREET ADDRESS	45137 BIG CANYON STREET	
CITY-ST-ZIP	NEWPORT BEACH, CA		CITY-ST-ZIP	INDIO, CA 92201	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS GIBBONS, VICE PRESIDENT			4/19/06 Date Daytime Phone #		