


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P00736 1. Entity Name PACIFIC LIFE & ANNUITY COMPANY |  |
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| Principal Place of Business 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660 | Mailing Address 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660 |
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04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 95-3769814 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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 _____


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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000948494 06/02/08-80058-003 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARMICHAEL, DAVID R 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO MORRIS, JAMES T 29022 PINTAIL CIR LAGUNA NIGUEL, CA 92677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILFS, AUDREY L. 26922 ROCKINGHORSE LANE LAGUNA HILLS, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUTTON, THOMAS C. 4627 CAMDEN DRIVE CORONA DEL MAR, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GIBBONS, THOMAS 65137 BIG CANYON ST INDIO, CA 92201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **Thomas Gibbons** **4/29/08** **949-29-3230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #