

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00736

FILED
Jan 18, 2011
Secretary of State

Entity Name: PACIFIC LIFE & ANNUITY COMPANY

Current Principal Place of Business:

700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 95-3769814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHEEVER, SHARON A
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DCPC
Name: MORRIS, JAMES T
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: SD
Name: GUON, JANE M
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: EVP
Name: BELL, MICHAEL A
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VP
Name: GIBBONS, THOMAS
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D
Name: TRAN, KHANH T
Address: 700 NEWPORT CENTER DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE M. GUON

SD

01/18/2011

Electronic Signature of Signing Officer or Director

_____ Date