

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00736

Entity Name: PACIFIC LIFE & ANNUITY COMPANY**Current Principal Place of Business:**700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660**Current Mailing Address:**700 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660**FEI Number:** 95-3769814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHEEVER, SHARON
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:** SHARON CHEEVER

04/01/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, CHAIRMAN, CEO
Name MORRIS, JAMES T
Address 700 NEWPORT CENTER DRIVE
City-State-Zip: NEWPORT BEACH CA 92660

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

Title EVP
Name SCHINDLER, RICHARD J
Address 700 NEWPORT CENTER DRIVE
City-State-Zip: NEWPORT BEACH CA 92660

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

Title DIRECTOR, PRESIDENT
Name TRAN, KHANH T
Address 700 NEWPORT CENTER DRIVE
City-State-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**SECRETARY**

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date