

2021 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 US**FEI Number:** 95-3769814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
PO BOX 2600 (32314-6200)
200 E GAINES ST
TALLAHASSEE, FL 32399 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

04/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR, CHAIRMAN, PRESIDENT &
CEO**Name** MORRIS, JAMES T**Address** 700 NEWPORT CENTER DRIVE**City-State-Zip:** NEWPORT BEACH CA 92660**Title** DIRECTOR, EVP, & CHIEF OPERATING
OFFICER**Name** GRIGGS, ADRIAN S**Address** 700 NEWPORT CENTER DRIVE**City-State-Zip:** NEWPORT BEACH CA 92660**Title** DIRECTOR, EVP, GENERAL COUNSEL**Name** ORLANDI, JAY**Address** 700 NEWPORT CENTER DRIVE**City-State-Zip:** NEWPORT BEACH CA 92660**Title** VP & SECRETARY**Name** GUON, JANE M**Address** 700 NEWPORT CENTER DRIVE**City-State-Zip:** NEWPORT BEACH CA 92660**Title** DIRECTOR, EVP & CHIEF FINANCIAL
OFFICER**Name** BUTTON, DARRYL D**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

VP, SECRETARY

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date