

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90159 034 \*\*\*150.00

**DOCUMENT # P00736**

1. Entity Name

**PACIFIC LIFE & ANNUITY COMPANY**

Principal Place of Business

Mailing Address

**700 NEWPORT CENTER DRIVE  
NEWPORT BEACH CA 92660****700 NEWPORT CENTER DRIVE  
NEWPORT BEACH CA 92660-6307**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**95-3769814**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FERRIS, WILLIAM L.  
STREET ADDRESS 1990 PORT EDWARD CIRCLE  
CITY-ST-ZIP NEWPORT BEACH CA ☐ DeleteTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE SVP  
NAME GRISWOLD, GERALD W.  
STREET ADDRESS 700 NEWPORT CENTER DR  
CITY-ST-ZIP NEWPORT BEACH CA ☒ DeleteTITLE SVP  
NAME MICHAEL E. BERUMEN  
STREET ADDRESS 700 NEWPORT CENTER DRIVE  
CITY-ST-ZIP NEWPORT BEACH, CA 92660 ☐ Change ☐ AdditionTITLE D  
NAME SCHAFER, GLENN S.  
STREET ADDRESS 24566 SANTA CLARA AVENUE  
CITY-ST-ZIP DANA POINT CA 92629 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD  
NAME MILFS, AUDREY L.  
STREET ADDRESS 26922 ROCKINGHORSE LANE  
CITY-ST-ZIP LAGUNA HILLS CA ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME SUTTON, THOMAS C.  
STREET ADDRESS 4627 CAMDEN DRIVE  
CITY-ST-ZIP CORONA DEL MAR CA ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE V  
NAME WIRTHLIN, R. LEE  
STREET ADDRESS 700 NEWPORT CENTER DR  
CITY-ST-ZIP NEWPORT BEACH CA ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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  
**R. LEE WIRTHLIN, VICE PRESIDENT**

4/11/2000

(949) 219-4086

Date

Daytime Phone #

CR2E034 (9/99)