

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213566283

1.) CORPORATION NAME:

**PACIFIC LIFE INSURANCE COMPANY**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0048944**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 NEWPORT CENTER DR

CITY/ST/ZIP: NEWPORT BEACH, CA 92660

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	KHANH T TRAN				
TITLE:	PRESIDENT				
ADDRESS:	700 NEWPORT CENTER DRIVE				
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92260				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JANE M GUON				
TITLE:	SEC/VP				
ADDRESS:	700 NEWPORT CENTER DR.				
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SHARON A CHEEVER				
TITLE:	SVP/GC				
ADDRESS:	700 NEWPORT CENTER DR				
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAMES T MORRIS				
TITLE:	CEO/CHAIRMAN				
ADDRESS:	700 NEWPORT CENTER DR				
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ADRIAN S. GRIGGS				
TITLE:	CFO				
ADDRESS:	700 NEWPORT CENTER DRIVE				
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LAWRENCE F HARR				
TITLE:	DIRECTOR				
ADDRESS:	700 NEWPORT CENTER DR				
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JANE M GUON	JANE M GUON, SEC/VP	4/1/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		