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|--|--|---|--|-------|---------|-------------|
| No. <b>W 146908</b>  | <b>Due no later than Jan 31, 2018</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                         |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>PACIFIC SELECT DISTRIBUTORS, LLC<br>CINDEE BERNAL PACIFIC LIFE INSURANCE COMPANY<br>700 NEWPORT CENTER DR<br>NEWPORT BEACH CA 92660 |   | NATIONAL REGISTERED AGENTS INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |       |         |             |
|  |  |   | 3. <u>New</u> Registered Agent Signature:*                                 |       |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |  |   |  |       |         |             |
| Office Held  | Name   | Street or PO Address  | City   | State | Country | Postal Code |
| MEMBER   | PACIFIC LIFE INSURANCE COMPANY   | 700 NEWPORT CENTER DRIVE  | NEWPORT BEACH  | CA    | USA     | 92660       |
| 5. Organized Under the Laws of:<br><br><b>DE</b><br><b>W 146908</b>  |  | 6. Annual Report must be signed.*<br>Signature: Jane M. Guon<br>Name (type or print): Jane M. Guon<br>Date: 01/10/2018<br>Title: VP & Secretary |  |       |         |             |
| Processed 01/10/2018   |  | * Electronically provided signatures are accepted as original signatures.   |  |       |         |             |