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# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

|   |  |
|---|--|
| 1. Registrant name  |  |
| Organization  | Pacific Life Insurance Company         |
| 2. Address <input type="checkbox"/> Check if different than previously reported |  |
| Address1  | 700 Newport Center Drive               |
| City  | Newport Beach                          |
| State   | CA                                     |
| Zip Code  | 92660                                  |
| Country   | US                                     |
| 3. Principal place of business (if different than line 2)                       |  |
| City  | State                                  |
| City  | State/Zip or Country                   |
| Zip Code  | Country                                |
| 4a. Contact Name  | b. Telephone number                    |
| Prefix Full Name  | c. E-mail                              |
| Ms. Pat Douglass  | 949-219-3221 pdouglass@pacificlife.com |
| 5. Senate ID #  |  |
| 7. Client Name <input checked="" type="checkbox"/> Self                         | 6. House ID #                          |
| Pacific Life Insurance Company  |  |

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_ 11. No Lobbying Acti

|  |  |
|--|--|
| <b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>   |  |
| <b>12. Lobbying Firms</b>  | <b>13. Organizations</b>   |
| INCOME relating to lobbying activities for this reporting period was:  | EXPENSES relating to lobbying activities for this reporting were:  |
| Less than \$10,000 <input type="checkbox"/>  | Less than \$10,000 <input type="checkbox"/>  |
| \$10,000 or more <input type="checkbox"/> ⇨ \$ _____   | \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>120,000</u>   |
| Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). | <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of opti |
|  | <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions or                        |
|  | <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8), Internal Revenue Code            |
|  | <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code              |

Form C

1000172528

Printed Name and Title Patricia S. Douglass, Vice President, Government Relations











Registrant Name Pacific Life Insurance Company Client Name Pacific Life Insurance Company

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Su

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address          | Principal place of Business<br>(city and state or country) |
|------|------------------|--|
|      | Address<br>C/S/Z | City<br>State<br>Country                                   |
|      | Address<br>C/S/Z | City<br>State  |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Street Address<br>City | Address<br>State/Province Country | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities | Ow<br>per<br>clie |
|------|------------------------|-----------------------------------|--|---|-------------------|
|      |                        |                                   | City<br>State<br>Country                                   |   |                   |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

1

3

5

2

4

6

*Patricia S. Douglass*

Add a page for more

Printed Name and Title Patricia S. Douglass, Vice President, Government Relations

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