



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43602		2. Name of Corporation Pacific Select Distributors, Inc.	
3. Street Address Principal Business Office 700 Newport Center Drive		City Newport Beach	State CA
		Zip 92660	
4. Business Phone No. (949) 219-4086		5. State of Incorporation California	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name		Vice President Name	
		THOMAS GIBBONS	
Street Address		Street Address	
		700 NEWPORT CENTER DRIVE	
City	State	Zip	
NEWPORT BEACH	CA	92660	
Secretary Name		Treasurer Name	
AUDREY L. MILFS		DENIS P. KALSCHEUR	
Street Address		Street Address	
700 NEWPORT CENTER DRIVE		700 NEWPORT CENTER DRIVE	
City	State	Zip	
NEWPORT BEACH	CA	92660	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
MICHAEL A. BELL		ADRIAN S. GRIGGS	
Street Address		Street Address	
700 NEWPORT CENTER DRIVE		700 NEWPORT CENTER DRIVE	
City	State	Zip	
NEWPORT BEACH	CA	92660	
Director Name		Director Name	
GERALD W. ROBINSON			
Street Address		Street Address	
700 NEWPORT CENTER DRIVE			
City	State	Zip	
NEWPORT BEACH	CA	92660	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
25,000 COMM NO PAR VALUE			
Number of Shares	Class/Series	Par Value	
1,000	COMMON		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	JAN 28 2008
Check No.	DS-00451174
By:	DS-00451174
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Audrey L. Milfs 1/21/08
Signature Date
AUDREY L. MILFS
Print or Type Name
VICE PRESIDENT & SECRETARY
Title