



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 | City | State |
| | | NEWPORT BEACH | CA |
| | | | Zip |
| | | | 92660 |
| Secretary Name AUDREY L. MILFS | | Treasurer Name DENIS P. KALSCHUR | |
| Street Address 700 NEWPORT CENTER DRIVE | | Street Address 700 NEWPORT CENTER DRIVE | |
| City | State | City | State |
| NEWPORT BEACH | CA | NEWPORT BEACH | CA |
| | | | Zip |
| | | | 92660 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name MICHAEL A. BELL | | Director Name ADRIAN S. GRIGGS | |
| Street Address 700 NEWPORT CENTER DRIVE | | Street Address 700 NEWPORT CENTER DRIVE | |
| City | State | City | State |
| NEWPORT BEACH | CA | NEWPORT BEACH | CA |
| | | | Zip |
| | | | 92660 |
| Director Name GERALD W. ROBINSON | | Director Name | |
| Street Address 700 NEWPORT CENTER DRIVE | | Street Address | |
| City | State | City | State |
| NEWPORT BEACH | CA | | |
| | | | Zip |
| | | | 92660 |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| AUTHORIZED SHARES | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | |
| Number of Shares | Class/Series | Number of Shares | Class/Series |
| | | | |
| 25,000 COMM NO 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: | |
| 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