

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 822115 (2)**

1. Corporation Name  
**BALBOA LIFE INSURANCE COMPANY**

Principal Place of Business: **3349 MICHELSON DR. IRVINE CA 92715-1006**

Mailing Address: **3349 MICHELSON DR. IRVINE CA 92715-1006**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **11/26/1968**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **92-2566317**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>T</b>
NAME	<b>BUKOW, R.</b>
STREET ADDRESS	<b>3349 MICHELSON DR.</b>
CITY - ST - ZIP	<b>IRVINE CA</b>
TITLE	<b>D</b>
NAME	<b>FITE, G. L.</b>
STREET ADDRESS	<b>3349 MICHELSON DR.</b>
CITY - ST - ZIP	<b>IRVINE CA</b>
TITLE	<b>AVPC</b>
NAME	<b>FOGARTY, T.T.</b>
STREET ADDRESS	<b>3349 MICHELSON DR.</b>
CITY - ST - ZIP	<b>IRVINE CA</b>
TITLE	<b>D</b>
NAME	<b>BUKOW, R.</b>
STREET ADDRESS	<b>3349 MICHELSON DR.</b>
CITY - ST - ZIP	<b>IRVINE CA</b>
TITLE	<b>PD</b>
NAME	<b>SPENCE, J. C</b>
STREET ADDRESS	<b>3349 MICHELSON DR.</b>
CITY - ST - ZIP	<b>IRVINE CA</b>
TITLE	<b>AT</b>
NAME	<b>HITZEL, T.G.</b>
STREET ADDRESS	<b>554 MYSTIC LANE</b>
CITY - ST - ZIP	<b>LAGUNA BEACH CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>3349 Michelson Dr.</b>
6.4 CITY - ST - ZIP	<b>IRVINE CA 92715</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or by an attachment with an address.

SIGNATURE: **T.G. Hitzel - Assist. Treas. 4.21.95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Original Name)

822115

BALBOA LIFE INSURANCE COMPANY  
LIST OF OFFICERS AND DIRECTORS

<u>OFFICERS</u>	<u>SOCIAL SECURITY #</u>	<u>ADDRESS</u>
J. C. Spence President	292-24-1154	25 Via Lucca Irvine, CA 92715
R. Bukow Executive Vice President & Treasurer	057-36-1287	30342 Via Festivo San Juan Cap, CA 92675
G. L. Fite Executive Vice President	573-54-1059	16 Crosscreek Irvine, CA 92714
C. W. Bennington Senior Vice President & Senior Claims Executive	290-40-7644	8 Moonlight Irvine, CA 92715
D. M. Bridges Senior Vice President	448-38-8595	15 Telura Snta Margarita, CA 92688
D. D. Cissell Senior Vice President	568-52-0082	26 Westport Manhattan, CA 90266
J. M. Hickey Senior Vice President	101-34-1864	33162 Paseo Pinto San Juan Cap, CA 92675
W. J. Pearson Senior Vice President	132-28-3790	3349 Michelson Drive Irvine, CA 92715
B. Hickman Vice President	338-48-9895	26032 Galway Drive El Toro, CA 92630
H. F. Smith Senior Vice President	551-48-2759	19792 Riverview Drive Yorba Linda, CA 92686
N. Aton Vice President	139-46-9003	26062 Talega Laguna Hills, CA 92653
J. Clark Vice President	594-52-1738	25432 Maximum Street Mission Viejo, CA 92675
E. M. Fee Vice President	567-72-0567	30981 Hunt Club Drive San Juan Cap, CA 92675
T. T. Fogarty Vice President & Controller	559-23-1094	579 S. Morningstar Dr. Anaheim, CA 92808
E. G. Gekas Vice President & Assistant Secretary	350-24-2889	20 Santa Catalina Dr. Rch Pal Verdes, CA 90274

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OFFICERS

SOCIAL SECURITY #

ADDRESS

S. Paolino Vice President	546-64-3300	26582 Via Manolete Mission Viejo, CA 92691
J. D. Sommerhauser Vice President	509-36-2029	30481 Puerto Vallarta Dr Laguna Niguel, CA 92677
A. Thome Vice President	566-52-9844	25665 Hampton Dr. Laguna Niguel, CA 92677
J. Tullius Vice President	556-74-4597	973 Ottawa Dr. Claremont, CA 91711
F. A. Urschel Vice President & Actuarial	307-50-6421	13620 E. Destino Place Cerritos, CA 90701
L. B. Soares Assistant Vice President & Assistant Secretary	548-74-8994	3711 Fenn Street Irvine, CA 92715
R. A. E. Williams Assistant Vice President & Assistant Secretary	554-68-3875	8249 Big Bear Circle Buena Park, CA 90621
T. G. Hitzel Assistant Treasurer	552-68-3340	17 North Portola So Lag. Bch, CA 92677
J. L. Bobsin Assistant Treasurer	314-40-7245	18714 Racquet Lane Hunt Beach, CA 92648
J. H. Marks Assistant Secretary	146-38-7067	27501 Velador Mission Viejo, CA 92675
C. E. Simonsen Assistant Controller & Assistant Treasurer	555-69-4033	21191 Briarwood Ln. Trabuco Cyn, CA 92679

DIRECTORS:

C. W. Bennington	W. J. Pearson
R. Bukow	E. R. Schutt, Jr.
G. E. Francis	H. F. Smith
G. L. Fite	
J. C. Spence	
W. R. Lyons	