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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1996 97

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

DOCUMENT # 822115 (2)

1. Corporation Name

BALBOA LIFE INSURANCE COMPANY

[redacted]

Principal Place of Business	Mailing Address
~~3349 MICHELSON DR.~~ ~~IRVINE CA 92715-1606~~	~~3349 MICHELSON DR.~~ ~~IRVINE CA 92715-1606~~

3. Date Incorporated or Qualified: 11/26/1968	3a. Date of Last Report: 05/01/1996
4. FEI Number: 92-2566317	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 18581 TELLER AVE	26 P.O. BOX 19702
22 Suite, Apt. #, etc.	27 ATTN: TAX DEPT.
23 City & State: IRVINE, CA.	28 IRVINE, CA.
24 Zip: 92612 25 Country	29 Zip: 92623 30 Country

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 800002159688

84 City ~~04/30/97 01082 030~~ ***165.00 FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUKOW, R. ~~3349 MICHELSON DR.~~ ~~IRVINE CA~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	600 Anton Boulevard Costa Mesa, CA 92626-7147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITE, G. L. ~~3349 MICHELSON DR.~~ ~~IRVINE CA~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	600 Anton Boulevard Costa Mesa, CA 92626-7147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVPC FOGARTY, T.T. ~~3349 MICHELSON DR.~~ ~~IRVINE CA~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600 Anton Boulevard Costa Mesa, CA 92626-7147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUKOW, R. ~~3349 MICHELSON DR.~~ ~~IRVINE CA~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600 Anton Boulevard Costa Mesa, CA 92626-7147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPENCE, J. C ~~3349 MICHELSON DR.~~ ~~IRVINE CA~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600 Anton Boulevard Costa Mesa, CA 92626-7147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HITZEL, T.G. ~~3349 MICHELSON DR.~~ ~~IRVINE CA~~	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600 Anton Boulevard Costa Mesa, CA 92626-7147	☒ Change ☐ Addition

CR2E034 (12/95)

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 119.07(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 on an attachment with an address.

SIGNATURE: ✓ T.G. Hitzel 4.10.97 (714)436-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number