

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90049 028 ***150.00

DOCUMENT # 822115
 1. Entity Name
BALBOA LIFE INSURANCE COMPANY

Principal Place of Business 18581 TELLER AVE. IRVINE CA 92612 US	Mailing Address P O BOX 19702 ATTN:TAX DEPT IRVINE CA 92623-9702
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 92-2566317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUKOW, R.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITE, G. L.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	AVPC	<input checked="" type="checkbox"/> Delete
NAME	FOGARTY, T.T.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUKOW, R.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ATON, NEAL R	
STREET ADDRESS	18581 TELLER AVE	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HITZEL, T.G.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92627-7147	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos M. Garcia	
STREET ADDRESS	4500 Park Granada	
CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Barbarowicz	
STREET ADDRESS	4500 Park Granada	
CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTINE F. MCKAY	
STREET ADDRESS	18581 Teller Ave	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles W. Bennington	
STREET ADDRESS	18581 Teller Ave	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laila B. Soares	
STREET ADDRESS	18581 Teller Ave	
CITY-ST-ZIP	Irvine, CA 92612	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laila B. Soares **LAILA B. SOARES** 4/20/00 949 553-5948
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Asst Sec

CR2E034 (9/99)