


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 018 ***150.00

DOCUMENT # 822115
 1. Entity Name
BALBOA LIFE INSURANCE COMPANY



Principal Place of Business
**3349 MICHESON DRIVE
 SUITE #200
 IRVINE CA 92612-8893
 US**

Mailing Address
**P O BOX 19702
 ATTN:TAX DEPT
 IRVINE CA 92623**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **92-2566317** Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

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 **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18581 TELLER AVENUE
CITY-ST-ZIP	IRVINE CA 92612-1267
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	BIELANSKI, ANDREW S
CITY-ST-ZIP	4500 PARK GRANADA CALABASAS CA 91302
TITLE NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18581 TELLER AVENUE
CITY-ST-ZIP	IRVINE CA 92612-1627
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	GATES, MARSHALL M
CITY-ST-ZIP	4500 PARK GRANADA CALABASAS CA 91302
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	LEWIS, RICHARD S
CITY-ST-ZIP	4500 PARK GRANADA CALABASAS CA 91302
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	PHILLIPS, STEVEN D
CITY-ST-ZIP	3349 MICHELSON DR. STE. 200 IRVINE CA 92612

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	President, Robert V. James
CITY-ST-ZIP	3349 Michelson Dr. Suite 200 Irvine, CA 92612-8893
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Officer Edmund J. Katigbak
CITY-ST-ZIP	3349 Michelson Dr. Suite 200 Irvine, CA 92612-8893
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Edmund J. Katigbak** -- 03-02-2004 800-/342-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #