

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822115

FILED
Feb 01, 2005
Secretary of State

Entity Name: BALBOA LIFE INSURANCE COMPANY

Current Principal Place of Business:

3349 MICHESON DRIVE
SUITE #200
IRVINE, CA 926128893 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 19702
ATTN:TAX DEPT
IRVINE, CA 92623

New Mailing Address:

FEI Number: 92-2566317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, ROBERT V
Address: 3349 MICHELSON DR., STE. 200
City-St-Zip: IRVINE, CA 926128893

Title: D () Delete
Name: BIELANSKI, ANDREW S
Address: 4500 PARK GRANADA
City-St-Zip: CALABASAS, CA 91302

Title: O () Delete
Name: KATIGBAK, EDMUND J
Address: 3349 MICHELSON DR., STE. 200
City-St-Zip: IRVINE, CA 926128893

Title: D (X) Delete
Name: GATES, MARSHALL M
Address: 4500 PARK GRANADA
City-St-Zip: CALABASAS, CA 91302

Title: D (X) Delete
Name: LEWIS, RICHARD S
Address: 4500 PARK GRANADA
City-St-Zip: CALABASAS, CA 91302

Title: D (X) Delete
Name: PHILLIPS, STEVEN D
Address: 3349 MICHELSON DR. STE. 200
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: DUNN, FRANK
Address: 3349 MICHELSON DR.
City-St-Zip: IRVINE, CA 92612

Title: O (X) Change () Addition
Name: MERTZEL, KENNETH
Address: 3349 MICHELSON DR., STE. 200
City-St-Zip: IRVINE, CA 926128893

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED KATIGBAK

O

02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date