

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822115

FILED
Apr 27, 2009
Secretary of State

Entity Name: BALBOA LIFE INSURANCE COMPANY

Current Principal Place of Business:

3349 MICHELSON DRIVE
SUITE #200
IRVINE, CA 926128893 US

New Principal Place of Business:

New Mailing Address:

3349 MICHELSON DRIVE
SUITE #200
IRVINE, CA 926128893 US

Current Mailing Address:

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

FEI Number: 92-2566317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRES & D
Address: 3349 MICHELSON DR, STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: S () Delete
Name: DUNN, FRANK T SEC & D
Address: 3349 MICHELSON DR., STE. 200
City-St-Zip: IRVINE, CA 92612 US

Title: T () Delete
Name: MERTZEL, KENNETH CFO
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: D () Delete
Name: GARCIA, CARLOS M DIRECT
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: D () Delete
Name: GISSINGER III, ANDREW DIRECT
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: D (X) Delete
Name: LEWIS, RICHARD S DIRECT
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MERTZEL, KENNETH CFO & D
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: D (X) Change () Addition
Name: MCELROY, MARK A DIRECT
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: COO (X) Change () Addition
Name: HENDRY, WILLARD M COO & D
Address: 3349 MICHELSON DR STE 200
City-St-Zip: IRVINE, CA 92612 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL TULLY

Electronic Signature of Signing Officer or Director

AVP

04/27/2009

Date