


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 047 ***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



2. Principal Place of Business
3349 Michelson Drive

3. Mailing Address
Same as above

Suite, Apt. #, etc.
Suite#200

Suite, Apt. #, etc.

City & State
Irvine, CA

City & State

4. FEI Number **92-2566317**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	D	<input type="checkbox"/> Delete
NAME	GISSINGER, ANDREW III	
STREET ADDRESS	3349 Michelson Dr. Ste. 200	
CITY-ST-ZIP	IRVINE CA 92612-1267	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIELANSKI, ANDREW S	
STREET ADDRESS	4500 PARK GRANADA	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CISSELL, D. DAVID	
STREET ADDRESS	3349 Michelson Dr. Ste. 200	
CITY-ST-ZIP	IRVINE CA 92612-1627	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, MARSHALL M	
STREET ADDRESS	4500 PARK GRANADA	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, RICHARD S	
STREET ADDRESS	4500 PARK GRANADA	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	D	<input type="checkbox"/> Delete
NAME	Garcia, Carlos Manuel	
STREET ADDRESS	3349 Michelson Dr. Ste. 200	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillips, Steven Duarte	
STREET ADDRESS	3349 Michelson Dr. Ste. 200	
CITY-ST-ZIP	Irvine, CA 92612-8893	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: SIGNATURE [Signature] **2/11/03** **949-222-8366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)