

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90015 003 ***125.00
05-29-1999 90015 004 ****25.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822115

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/26/1968

4. FEI Number
92-2566317

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BUKOW, R.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITE, G. L.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	AVPC	<input type="checkbox"/> DELETE
NAME	FOGARTY, T.T.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	D	<input 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 type="checkbox"/> DELETE
NAME	HITZEL, T.G.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92627-7147	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ T. G. HITZEL 4.15.99 (714) 435-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)