

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822115

1. Entity Name  
BALBOA LIFE INSURANCE COMPANY

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90021 037 \*\*\*150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 92-2566317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC  
NAME GARCIA, CARLOS M  
STREET ADDRESS 4500 PARK GRANDDA  
CITY-ST-ZIP CALABASAS CA 91302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS  
NAME BARBAROWICZ, ROBERT P  
STREET ADDRESS 4500 PARK GRANADA  
CITY-ST-ZIP CALABASAS CA 91302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT  
NAME MCKAY, KRISTINE F  
STREET ADDRESS 18581 TELLER AVE  
CITY-ST-ZIP IRVINE CA 92612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME BENNINGTON, CHARLES W  
STREET ADDRESS 18581 TELLER AVE  
CITY-ST-ZIP IRVINE CA 92612 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
JAV VP  
JAMES W. F. CLARK

TITLE PD  
NAME ATON, NEAL R  
STREET ADDRESS 18581 TELLER AVE  
CITY-ST-ZIP IRVINE CA 92612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME SOARES, LAILA B  
STREET ADDRESS 18581 TELLER AVE  
CITY-ST-ZIP IRVINE CA 92612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
VP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laila B. Soares LAILA B. SOARES 3/19/01 949 553-5948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)