

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 018 ***150.00

DOCUMENT # 822115

1. Entity Name

BALBOA LIFE INSURANCE COMPANY



Principal Place of Business

**3349 MICHESON DRIVE
SUITE #200
IRVINE CA 92612-8893
US**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

92-2566317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**18581 TELLER AVENUE
IRVINE CA 92612-1267**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
BIELANSKI, ANDREW S
4500 PARK GRANADA
CALABASAS CA 91302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**18581 TELLER AVENUE
IRVINE CA 92612-1627**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
GATES, MARSHALL M
4500 PARK GRANADA
CALABASAS CA 91302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
LEWIS, RICHARD S
4500 PARK GRANADA
CALABASAS CA 91302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
PHILLIPS, STEVEN D
3349 MICHELSON DR. STE. 200
IRVINE CA 92612**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**President,
Robert V. James
3349 Michelson Dr. Suite 200
Irvine, CA 92612-8893**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**Officer
Edmund J. Katigbak
3349 Michelson Dr. Suite 200
Irvine, CA 92612-8893**

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

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

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

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:

Edmund J. Katigbak

Edmund J. Katigbak

03-02-2004

800-/342-3099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #