

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822115

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: BALBOA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3349 MICHESON DRIVE  
SUITE #200  
IRVINE, CA 926128893 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 92-2566317      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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  
Address: 3349 MICHELSON DR., STE. 200  
City-St-Zip: IRVINE, CA 926128893

Title: O ( ) Delete  
Name: DUNN, FRANK  
Address: 3349 MICHELSON DR.  
City-St-Zip: IRVINE, CA 92612

Title: O ( ) Delete  
Name: MERTZEL, KENNETH  
Address: 3349 MICHELSON DR., STE. 200  
City-St-Zip: IRVINE, CA 926128893

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ED J. KATIGBAK

O

01/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date