2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822115

Entity Name: BALBOA LIFE INSURANCE COMPANY

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE #200	ELSON DRIVE) . 926128893 L						
Current Mailing Address:				New Mailing Address:			
P O BOX 19702 ATTN:TAX DEPT IRVINE, CA 92623			;	3349 MICHELSON DRIVE SUITE #200 IRVINE, CA 926128893 US			
FEI Number:	92-2566317	FEI Number Applied For ()	FEI Numl	ber Not Appli	cable ()	Certificate of Status Desire	ed ()
Name and	Address of Cเ	ırrent Registered Agent:	I	Name and	Address of N	New Registered Agent:	
C/O C T CC 1200 SOUT	DRATION SYS DRPORATION TH PINE ISLAN DN, FL 33324	SYSTEM DROAD					
The above in the State		ıbmits this statement for the pur	rpose of	changing its	s registered o	office or registered agent,	or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () [JAMES, ROBERT 3349 MICHELSO IRVINE, CA 926	N DR, STE 200	1	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () E DUNN, FRANK T 3349 MICHELSO IRVINE, CA 926	N DR., STE. 200	1	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () E MERTZEL, KENN 3349 MICHELSO IRVINE, CA 926	N DR STE 200	1	Title: Name: Address: City-St-Zip:	MERTZEL, KEI) Change ()Addition NNETH CFO & D SON DR STE 200 1612 US	
Title: Name: Address: City-St-Zip:	D () E GARCIA, CARLO 3349 MICHELSO IRVINE, CA 926	N DR STE 200	1	Title: Name: Address: City-St-Zip:	MCELROY, MA	SON DR STE 200	
Title: Name: Address: City-St-Zip:	. ,		1	Title: Name: Address: City-St-Zip:	HENDRY, WILI) Change () Addition LARD M COO & D SON DR STE 200 1612 US	
Title: Name: Address: City-St-Zip:	D (X) I LEWIS, RICHARI 3349 MICHELSO IRVINE, CA 926	N DR STE 200	1	Title: Name: Address: City-St-Zip:	()) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL TULLY AVP 04/27/2009