

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822115

FILED
Apr 25, 2012
Secretary of State

Entity Name: BALBOA LIFE INSURANCE COMPANY

Current Principal Place of Business:

3349 MICHELSON DRIVE
SUITE #200
IRVINE, CA 926128893 US

New Principal Place of Business:

400 ROBERT STREET NORTH
ST. PAUL, MN 551012098 US

Current Mailing Address:

3349 MICHELSON DRIVE
SUITE #200
IRVINE, CA 926128893 US

New Mailing Address:

400 ROBERT STREET NORTH
ST. PAUL, MN 551012098 US

FEI Number: 92-2566317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HILGER, CHRISTOPHER M
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST. PAUL, MN 55101 US

Title: SEC
Name: GELDERNICK, MARK J
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST. PAUL, MN 55101 US

Title: TREA
Name: LEPLAVY, DAVID J
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST. PAUL, MN 55101 US

Title: ASEC
Name: CZARNETZKI, DEAN F
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST. PAUL, MN 55101 US

I hereby 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 all other like empowered.

SIGNATURE: DEAN F. CZARNETZKI

ASEC

04/25/2012

Electronic Signature of Signing Officer or Director

Date