

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 047 ***150.00

DOCUMENT # 822115

1. Entity Name
BALBOA LIFE INSURANCE COMPANY



Principal Place of Business
**18581 TELLER AVE.
IRVINE CA 92612
US**

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



2. Principal Place of Business
3349 Michelson Drive

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite#200

City & State
Irvine, CA

City & State

Zip

Country
US

Zip

Country

92612-8893

4. FEI Number **92-2566317**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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, 2003 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 **D** ☐ Delete
NAME **GISSINGER, ANDREW III**
STREET ADDRESS **3349 Michelson Dr. Ste. 200**
CITY-ST-ZIP **IRVINE CA 92612-1267**

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

TITLE **DP** ☐ Delete
NAME **CISSELL, D. DAVID**
STREET ADDRESS **3349 Michelson Dr. Ste. 200**
CITY-ST-ZIP **IRVINE CA 92612-1627**

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

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

TITLE **D** ☐ Delete
NAME **Garcia, Carlos Manuel**
STREET ADDRESS **3349 Michelson Dr. Ste. 200**
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Phillips, Steven Duarte**
STREET ADDRESS **3349 Michelson Dr. Ste. 200**
CITY-ST-ZIP **Irvine, CA 92612-8893**

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

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

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

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03
Date

949-222-8366
Daytime Phone #

CR2E034 (10/02)