

1.) CORPORATION NAME:

BALBOA LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **1/31/2011**

SCC ID NO: **F0261208**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 N TRYON ST
NC1-021-02-20

CITY/ST/ZIP: CHARLOTTE, NC 28255-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK ALLAN MCELROY OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 401 N TRYON ST
NC1-021-02-20
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

NAME: DONNA DESOUZA OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 401 N TRYON ST
NC1-021-02-20
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

NAME: ART LEE OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 401 N TRYON ST
NC1-021-02-20
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

NAME: KENNETH L MERTZEL OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 401 N TRYON ST
NC1-021-02-20
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DONNA DESOUZA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DONNA DESOUZA, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>1/10/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.