

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214503983

1.) CORPORATION NAME:

BALBOA LIFE INSURANCE COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: 3349 MICHELSON DRIVE
SUITE 400

CITY/ST/ZIP: IRVINE, CA 92612

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID A SEIDEL		
TITLE:	PRESIDENT		
ADDRESS:	400 ROBERT ST. N.		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55101		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID J LEPLAVY		
TITLE:	TREASURER		
ADDRESS:	400 ROBERT ST. N.		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55101		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL M DWYER		
TITLE:	ASST SECRETARY		
ADDRESS:	400 ROBERT ST. N.		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55101		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK J GELDERNICK		
TITLE:	SECRETARY		
ADDRESS:	400 ROBERT ST. N.		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55101		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY R CHRISTENSEN		
TITLE:	DIRECTOR		
ADDRESS:	400 ROBERT ST. N.		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55101		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WARREN J ZACCARO		
TITLE:	DIRECTOR		
ADDRESS:	400 ROBERT ST N		
CITY/ST/ZIP/CO:	ST PAUL, MN 55101		

NAME: LESLIE J CHAPMAN TITLE: DIRECTOR ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE P SHAY TITLE: DIRECTOR ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY R SWANSON TITLE: DIRECTOR ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.		
/s/ PAUL M DWYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL M DWYER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/15/2014 DATE
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.		