

Chipman Evelyn  
Form 3/A  
December 02, 2005

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *	2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol
Â Chipman Michael A	(Month/Day/Year)	BofI Holding, Inc. [BOFI]
(Last) (First) (Middle)	10/14/2005	
PO BOX 7216,Â		4. Relationship of Reporting Person(s) to Issuer
(Street)		(Check all applicable)
		<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)
INCLINE		5. If Amendment, Date Original Filed(Month/Day/Year)
VILLAGE,Â NVÂ 89452-7216		04/05/2005
(City) (State) (Zip)		6. Individual or Joint/Group Filing(Check Applicable Line)
		<input type="checkbox"/> Form filed by One Reporting Person
		<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <sup>(2)</sup>	633,100 <sup>(1)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

Shares

(I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Chipman Michael A PO BOX 7216 INCLINE VILLAGE, NV 89452-7216	X			
Chipman First Family Limited Partnership C/O D. DAMON PO BOX 19190 RENO, NV 89511-0853				Reporting Group Member
Chipman Evelyn C/O D. DAMON PO BOX 19190 RENO, NV 89511				Reporting Group Member

## Signatures

Gary Lewis  
Evans 12/02/2005

Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Amended to reflect additional shares of common stock acquired by the Chipman First Family Limited Partnership prior to Michael A. Chipman's election to the Board of Directors. The acquisition of these additional shares was not required to be reported.  
All securities are held directly by The Chipman First Family Limited Partnership, Chipent, LLC is the general partner of the holder, and
- (2) Michael and Evelyn Chipman are sole managers and members of Chipent, LLC. The sole limited partner of the holder is M&E Chipman Living Trust 9/28/95, of which Michael and Evelyn Chipman are the sole trustees and the settlors.

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### Remarks:

Amending Form 3 to reflect election of group member Michael A. Chipman to the Board of Directors

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.