

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000529

FILED  
Mar 08, 2011  
Secretary of State

Entity Name: BALBOA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

4500 PARK GRANADA  
CALABASAS, CA 91302

**New Principal Place of Business:**

**Current Mailing Address:**

30930 RUSSELL RANCH RD  
MAIL STOP: CA6-916-02-01  
WESTLAKE VILLAGE, CA 91362

**New Mailing Address:**

30930 RUSSELL RANCH RD  
MAIL STOP: CA6-916-01-12  
WESTLAKE VILLAGE, CA 91362

FEI Number: 95-4662705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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: TRES  
Name: BAKER, ROBERT  
Address: 3349 MICHELSON DRIVE  
City-St-Zip: IRVINE, CA 92612

Title: PRES  
Name: KUHN, DAVID  
Address: 3349 MICHELSON DRIVE  
City-St-Zip: IRVINE, CA 92612

Title: SEC  
Name: COSTAMAGNA, CHRISTINE  
Address: 555 CALIFORNIA STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS  
Name: MURPHY, PAMELA  
Address: 30930 RUSSELL RANCH RD.  
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: D  
Name: KUHN, DAVID  
Address: 3349 MICHELSON DRIVE  
City-St-Zip: IRVINE, CA 92612

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: PAMELA MURPHY

AS

03/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date