

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002262

FILED
Jan 26, 2009
Secretary of State

Entity Name: BALBOA LIFE & CASUALTY LLC

Current Principal Place of Business:

3349 MICHELSON DR., SUITE 200
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

3349 MICHELSON DR., SUITE 200
IRVINE, CA 92612

New Mailing Address:

FEI Number: 33-0939798

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, CARLOS M
Address: 225 W. HILLCREST DR.
City-St-Zip: THOUSAND OAKS, CA 91360

Title: MGR () Delete
Name: DUNN, FRANK T
Address: 3349 MICHELSON DR., SUITE 200
City-St-Zip: IRVINE, CA 92612

Title: MGR () Delete
Name: JAMES, ROBERT V
Address: 225 W. HILLCREST DR.
City-St-Zip: THOUSAND OAKS, CA 91360

Title: MGRM () Delete
Name: BALBOA INSURANCE COM, PANY
Address: 3349 MICHELSON DRIVE, SUITE #200
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BALBOA INSURANCE COMPANY

MGRM

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date