## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002262

Entity Name: BALBOA LIFE & CASUALTY LLC

**Current Principal Place of Business:** 

3349 MICHELSON DR., SUITE 200 IRVINE. CA 92612

**Current Mailing Address:** 

150 N COLLEGE ST; NC1-028-17-06

CHARLOTTE. NC 28255

FEI Number: 33-0939798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

FILED Apr 09, 2013

**Secretary of State** 

CC1625691653

Authorized Person(s) Detail:

Title MGR Title MEMB

Name COLLINS, LESLEY J Name BALBOA INSURANCE COMPANY

Address 150 N COLLEGE ST; NC1-028-17-06 Address 150 N COLLEGE ST; NC1-028-17-06

City-State-Zip: CHARLOTTE NC 28255 City-State-Zip: CHARLOTTE NC 28255

Title SVP Title MGR

Name MILLER, ERIK Name JOHNSON, MICHELLE M

Address 150 N COLLEGE ST; NC1-028-17-06 Address 150 N COLLEGE ST; NC1-028-17-06

City-State-Zip: CHARLOTTE NC 28255 City-State-Zip: CHARLOTTE NC 28255

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIK MILLER SVP 04/09/2013