

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100002262

**Entity Name:** BALBOA LIFE & CASUALTY LLC

**Current Principal Place of Business:**

3349 MICHELSON DR., SUITE 200  
IRVINE, CA 92612

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC3741722831**

**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

**Authorized Person(s) Detail :**

Title MGR  
Name MACDONALD, JANET A  
Address 150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MEMB  
Name BALBOA INSURANCE COMPANY  
Address 150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title SVP  
Name PRITCHARD, JASON  
Address 150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MGR  
Name JOHNSON, MICHELLE M  
Address 150 N COLLEGE ST; NC1-028-17-06  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JASON PRITCHARD**

**SVP**

**04/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date