

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000000529

**Entity Name:** BALBOA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

4500 PARK GRANADA  
CALABASAS, CA 91302

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC8405379873**

**Current Mailing Address:**

150 N COLLEGE ST NC1-028-17-06  
CHARLOTTE, NC 28255

**FEI Number: 95-4662705**

**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

**Officer/Director Detail :**

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

Title SECRETARY  
Name COSTAMAGNA, CHRISTINE M  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER  
Name MALDONADO, FELIPE  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR  
Name CHRISTIAN, DEA L  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title PRESIDENT, DIRECTOR  
Name FITZGERALD, LORI  
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 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: ERIK MILLER**

**SVP**

**04/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date