

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809358 (5)
1. Corporation Name
BALBOA INSURANCE COMPANY

Principal Place of Business Mailing Address
3349 MICHELSON DRIVE 3349 MICHELSON DRIVE
P.O. BOX 19702 P.O. BOX 19702
IRVINE CA 92713-6701 IRVINE CA 92713-6701

**APPROVED
AND
FILED**

95 MAY -1 AM 10:05
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

95 MAY -1 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1953	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-6027860	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITAL BLDG. TALLAHASSEE FL 32304				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, H F	1.2 NAME	
STREET ADDRESS	19792 RIVERVIEW DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	YORBA LINDA CA	1.4 CITY - ST - ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNINGTON, C. W	2.2 NAME	
STREET ADDRESS	8 MOONLIGHT	2.3 STREET ADDRESS	
CITY - ST - ZIP	IRVINE CA	2.4 CITY - ST - ZIP	
TITLE	AVPC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGARTY, T. T	3.2 NAME	
STREET ADDRESS	5795 MORNINGSTAR DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ANAHEIM CA	3.4 CITY - ST - ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKOW, R.	4.2 NAME	
STREET ADDRESS	27341 VIA AMSTOSO	4.3 STREET ADDRESS	
CITY - ST - ZIP	MISSION VIEJO CA	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, J. C	5.2 NAME	
STREET ADDRESS	3349 MICHELSON DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	IRVINE CA	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITZEL, T.G.	6.2 NAME	
STREET ADDRESS	3349 MICHELSON DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	IRVINE CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (10.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *T.G. Hitzel* T.G. Hitzel - Assist. Treas. 4.21.95
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

869358

APPROVED
AND
FILED

BALBOA INSURANCE COMPANY

LIST OF OFFICERS AND DIRECTORS

<u>OFFICERS</u>	<u>SOCIAL SECURITY #</u>	<u>ADDRESS</u>
J. C. Spence President	292-24-1154	25 Via Lucca Irvine, CA 92715
R. Bukow Executive Vice President & Treasurer	057-36-1287	30342 Via Festivo San Juan Cap, CA 92675
G. L. Fite Executive Vice President	573-54-1059	16 Crosscreek Irvine, CA 92714
C. W. Bennington Senior Vice President & Senior Claims Executive	290-40-7644	8 Moonlight Irvine, CA 92715
D. M. Bridges Senior Vice President	448-38-8595	15 Telura Santa Margarita, CA 92688
D. D. Cissell Senior Vice President	568-52-0082	26 Westport Manhattan, CA 90266
J. M. Hickey Senior Vice President	101-34-1864	33162 Paseo Pinto San Juan Cap, CA 92675
W. J. Pearson Senior Vice President	132-28-3790	3349 Michelson Drive Irvine, CA 92715
B. Hickman Vice President	338-48-9895	26032 Galway Drive El Toro, CA 92630
H. F. Smith Senior Vice President	551-48-2759	19792 Riverview Drive Yorba Linda, CA 92686
N. Aton Vice President	139-46-9003	26062 Talega Laguna Hills, CA 92653
J. Clark Vice President	594-52-1738	25432 Maximum Street Mission Viejo, CA 92675
E. M. Fee Vice President	567-72-0567	30981 Hunt Club Drive San Juan Cap, CA 92675
T. T. Fogarty Vice President & Controller	559-23-1094	579 S. Morningstar Dr. Anaheim, CA 92808
E. G. Gekas Vice President & Assistant Secretary	350-24-2889	20 Santa Catalina Dr. Rch Pal Verdes, CA 90274

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<u>OFFICERS</u>	<u>SOCIAL SECURITY #</u>	<u>ADDRESS</u>
S. Paolino Vice President	546-64-3300	26582 Via Manoleta Mission Viejo, CA 92691
J. D. Sommerhauser Vice President	509-36-2029	30481 Puerto Vallarta Dr Laguna Niguel, CA 92677
A. Thome Vice President	566-52-9844	25665 Hampton Dr. Laguna Niguel, CA 92677
J. Tullius Vice President	556-74-4597	973 Ottawa Dr. Claremont, CA 91711
F. A. Urschel Vice President & Actuarial	307-50-6421	13620 E. Destino Place Cerritos, CA 90701
L. B. Soares Assistant Vice President & Assistant Secretary	548-74-8994	3711 Fenn Street Irvine, CA 92715
R. A. E. Williams Assistant Vice President & Assistant Secretary	554-68-3875	8249 Big Bear Circle Buena Park, CA 90621
T. G. Hitzel Assistant Treasurer	552-68-3340	17 North Portola So Lag. Bch, CA 92677
J. L. Bobsin Assistant Treasurer	314-40-7245	18714 Racquet Lane Hunt Beach, CA 92648
J. H. Marks Assistant Secretary	146-38-7067	27501 Velador Mission Viejo, CA 92675
C. E. Simonsen Assistant Controller & Assistant Treasurer	555-69-4033	21191 Briarwood Ln. Trabuco Cyn, CA 92679

DIRECTORS:

- | | |
|------------------|-------------------|
| C. W. Bennington | W. J. Pearson |
| R. Bukow | E. R. Schutt, Jr. |
| G. E. Francis | H. F. Smith |
| G. L. Fite | |
| J. C. Spence | |
| W. R. Lyons | |