

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 29, 1999 8:00 am Secretary of State

05-29-1999 90015 001 ****25.00 05-29-1999 90015 002 ***125.00

DOCUMENT # 809358

1. Corporation Name BALBOA INSURANCE COMPANY

Principal Place of Business

16561 TELLER AVE CA 92612

Mailing Address

P O BOX 19702 ATTN: TAX DEPT IRVINE CA 92623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

06/01/1953

4. FEI Number

95-6027860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER CAPITAL BLDG. TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD [] DELETE

NAME SMITH, H F

STREET ADDRESS 19792 RIVERVIEW DR.

CITY-ST-ZIP YORBA LINDA CA

TITLE SVP [] DELETE

NAME BENNINGTON, C. W

STREET ADDRESS 8 MOONLIGHT

CITY-ST-ZIP IRVINE CA

TITLE AVPC [] DELETE

NAME FOGARTY, T. T

STREET ADDRESS 5795 MORNINGSTAR DR.

CITY-ST-ZIP ANAHEIM CA

TITLE VPT [] DELETE

NAME BUKOW, R.

STREET ADDRESS 27341 VIA AMISTOSO

CITY-ST-ZIP MISSION VIEJO CA

TITLE PD [] DELETE

NAME ATON, NEAL R

STREET ADDRESS 18581 TELLER AVE

CITY-ST-ZIP IRVINE CA 92612

TITLE AT [] DELETE

NAME HITZEL, T.G.

STREET ADDRESS 600 ANTON BLVD

CITY-ST-ZIP COSTA MESA CA 92626-7147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.G. HITZEL

4.15.99 (714)435-1200

Date

Daytime Phone #

CR2E034 (11/98)