

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

FILED
Feb 16, 2011
Secretary of State

Entity Name: BALBOA INSURANCE COMPANY

Current Principal Place of Business:

3449 MICHELSON DRIVE
SUITE #200
IRVINE, CA 926128893 US

New Principal Place of Business:

Current Mailing Address:

3449 MICHELSON DRIVE
SUITE #200
IRVINE, CA 926128893 US

New Mailing Address:

FEI Number: 95-6027860 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: MCELROY, MARK A SVP, D
Address: 3349 MICHELSON DR., STE 200
City-St-Zip: IRVINE, CA 92612 US

Title: S
Name: LEE, ART SVP, S
Address: 3349 MICHELSON DR., STE 200
City-St-Zip: IRVINE, CA 926128893 US

Title: D
Name: MERTZEL, KENNETH CFO, D
Address: 3349 MICHELSON DR., STE 200
City-St-Zip: IRVINE, CA 926128893 US

Title: D
Name: KRAMER, ANDY
Address: 201 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28255 US

Title: D
Name: MYRICK, THOMAS SVP, D
Address: 201 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28255 US

Title: D
Name: PELLERIN, KEITH
Address: 201 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28255 US

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: MICHAEL J. TULLY

VP

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date