

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000529

FILED  
Jun 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4500 PARK GRANADA  
CALABASAS, CA 91302

**New Principal Place of Business:**

**Current Mailing Address:**

30930 RUSSELL RANCH RD  
MAIL STOP: CA6-916-01-12  
WESTLAKE VILLAGE, CA 91362

**New Mailing Address:**

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

**FEI Number:** 95-4662705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PRES  
Name: BURDICK, TIMOTHY A  
Address: 150 N COLLEGE ST NC1-028-17-06  
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP  
Name: DESOUZA, DONNA  
Address: 150 N COLLEGE ST NC1-028-17-06  
City-St-Zip: CHARLOTTE, NC 28255

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

Title: TREA  
Name: HORAK, MICHAEL R  
Address: 150 N COLLEGE ST NC1-028-17-06  
City-St-Zip: CHARLOTTE, NC 28255

Title: DIR  
Name: BURDICK, TIMOTHY A  
Address: 150 N COLLEGE ST NC1-028-17-06  
City-St-Zip: CHARLOTTE, NC 28255

Title: DIR  
Name: CLARK, MICHAEL  
Address: 150 N COLLEGE ST NC1-028-17-06  
City-St-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: DONNA DESOUZA

SVP

06/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date