2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State DOCUMENT # M01000002262 1. Entity Name 05-12-2002 90583 043 ****50.00 BALBOA LIFE & CASUALTY LLC Principal Place of Business Mailing Address 18581 TELLER AVENUE 18581 TELLER AVENUE 000100 IRVINE CA 92612 IRVINE CA 92612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 33-0939798 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01)☐ Delete D. DWIGHT CISSELL 18581 Teller Ave. Change ★ Addition NAME STREET ADDRESS STREET ADDRESS **CR2E083** Irvine, CA 92612 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete TITLE Change Addition NAME MARSHALL M. GATES NAME STREET ADDRESS 18581 Teller Ave Irvine, CA 92612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition CARLOS M. GARCIA NAME NAME 18581 Teller Ave STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

AHachment 957538 E HMO 1000000276,

BALBOA LIFE AND CASUALTY LLC ADDITIONAL OFFICERS

MGRM Mel Martinez 18581 Teller Avenue Irvine, CA 92612-1267

MGRM Franklin T. Dunn 18581 Teller Avenue Irvine, CA 92612-1267