

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002262

FILED
Apr 27, 2010
Secretary of State

Entity Name: BALBOA LIFE & CASUALTY LLC

Current Principal Place of Business:

3349 MICHELSON DR., SUITE 200
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

3349 MICHELSON DR., SUITE 200
IRVINE, CA 92612

New Mailing Address:

FEI Number: 33-0939798

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MCELROY, MARK
Address: 3349 MICHELSON DRIVE, # 200
City-St-Zip: IRVINE, CA 92612 US

Title: MEMB
Name: BALBOA INSURANCE COMPANY
Address: 3349 MICHELSON DR., SUITE 200
City-St-Zip: IRVINE, CA 92612 US

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

Title: DIR
Name: MERTZEL, KEN
Address: 3349 MICHELSON DRIVE, SUITE #200
City-St-Zip: IRVINE, CA 92612 US

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

Title: SVP
Name: KNOX, STEPHANIE
Address: 3349 MICHELSON DRIVE, SUITE #200
City-St-Zip: IRVINE, CA 92612 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: BALBOA INSURANCE CO., BY MICHAEL TULLY, VP

MEMB

04/27/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date