

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 809358

**Entity Name:** BALBOA INSURANCE COMPANY

**Current Principal Place of Business:**

3349 MICHELSON DRIVE  
SUITE #200  
IRVINE, CA 92612

**FILED**  
**Jan 31, 2017**  
**Secretary of State**  
**CC2500407049**

**Current Mailing Address:**

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

**FEI Number:** 95-6027860

**Certificate of Status Desired:** No

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

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

*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:** NO SIGNATURE REQUIRED

01/31/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FITZGERALD, LORI  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title            SVP  
Name            PRITCHARD, JASON  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title            SECRETARY  
Name            CHAMBERLAIN, ERIC  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title            TREASURER  
Name            MALDONADO, FELIPE  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title            DIRECTOR  
Name            CHRISTIAN, DEA LEA  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-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:** JASON PRITCHARD

SVP

01/31/2017

Electronic Signature of Signing Officer/Director Detail

Date