

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

Entity Name: BALBOA INSURANCE COMPANY**Current Principal Place of Business:**275 VALENCIA AVE
BREA, CA 92823**Current Mailing Address:**401 N TRYON ST
NC1-021-06-01
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

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FISCHER, A-J
Address 401 N TRYON ST
 NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title VP
Name HOLMAN, CRYSTAL
Address 401 N TRYON ST
 NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title SECRETARY
Name CHAMBERLAIN, ERIC
Address 401 N TRYON ST
 NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER, DIRECTOR
Name WEBER, BRADLEY H
Address 401 N TRYON ST
 NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name MOFFA, LORRAINE A
Address 401 N TRYON ST
 NC1-021-06-01
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: CRYSTAL HOLMAN

VICE PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date