

2013 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
Feb 15, 2013
Secretary of State
CC8675565191

Current Mailing Address:

20151 SW BIRCH ST.
SUITE #250
NEWPORT BEACH, CA 92660 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COLLINS, LESLEY J.
Address 1100 N. KING ST.
City-State-Zip: WILMINGTON DE 19884

Title V
Name HORAK, MICHAEL RV, CFO
Address 1100 N. KING ST.
City-State-Zip: WILMINGTON DE 19884

Title S
Name CHAMBERLAIN, ERIC BS, CLO
Address 20151 SW BIRCH ST.
SUITE #250
City-State-Zip: NEWPORT BEACH CA 92660

Title V
Name TULLY, MICHAEL JV
Address 20151 SW BIRCH ST.
SUITE #250
City-State-Zip: NEWPORT BEACH CA 92660

Title V
Name JOHNSON, MICHELLE MV, CAO
Address 20151 SW BIRCH ST.
SUITE #250
City-State-Zip: NEWPORT BEACH CA 92660

Title V
Name SIFFORD, EVANGELINE
Address 150 N. COLLEGE ST.
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: MICHAEL J. TULLY

VP

02/15/2013

Electronic Signature of Signing Officer/Director Detail

Date