

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: BALBOA INSURANCE COMPANY

## Current Principal Place of Business:

3449 MICHELSON DRIVE  
SUITE #200  
IRVINE, CA 926128893 US

## New Principal Place of Business:

3449 MICHELSON DRIVE  
SUITE 200  
IRVINE, CA 92612

## Current Mailing Address:

P O BOX 19702  
ATTN: TAX DEPT  
IRVINE, CA 92623

## New Mailing Address:

3449 MICHELSON DRIVE  
SUITE 200  
IRVINE, CA 92612

FEI Number: 95-6027860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYES ST.  
TALLAHASSEE, FL 32301 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: CORPORATION SERVICE COMPANY

07/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: GARCIA, CARLOS M  
Address: 4500 PARK GRANADA  
City-St-Zip: CALABASAS, CA 91302

Title: D ( ) Delete  
Name: GISSINGER, III, ANDREW  
Address: 3349 MICHELSON DR., STE 200  
City-St-Zip: IRVINE, CA 926128893

Title: D ( ) Delete  
Name: BIELANSKI, ANDREW STANLEY  
Address: 4500 PARK GRANADA  
City-St-Zip: CALABASAS, CA 91302

Title: D ( ) Delete  
Name: LEWIS, RICHARD S  
Address: 3349 MICHELSON DR., STE 200  
City-St-Zip: IRVINE, CA 926128893

Title: PD ( ) Delete  
Name: CISSELL, D.DAVID  
Address: 3349 MICHELSON DR., STE 200  
City-St-Zip: IRVINE, CA 926121627

Title: D ( ) Delete  
Name: GATES, MARSHALL M  
Address: 4500 PARK GRANADA  
City-St-Zip: CALABASAS, CA 91302

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: JAMES, ROBERT V  
Address: 3349 MICHELSON DR., STE 200  
City-St-Zip: IRVINE, CA 926121627

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT V. JAMES

PRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date