


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90033 029 ***550.00

DOCUMENT # 809358

1. Entity Name
BALBOA INSURANCE COMPANY



Principal Place of Business Mailing Address

3449 MICHELSON DRIVE **3449 MICHELSON DRIVE**
SUITE #200 **SUITE 200**
IRVINE, CA 92612-8893 US **IRVINE, CA 92612**

50066120

2. Principal Place of Business 3. Mailing Address

3349 Michelson Drive, Suite 200 **3349 Michelson Drive, Suite 200**
Irving, CA 92612-8893 **Irving, CA 92612-8893**



Suite, Apt. #, etc. Suite, Apt. #, etc.

08222005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

95-6027860 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

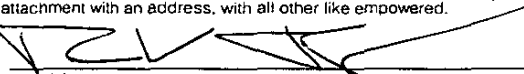
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GARCIA, CARLOS M 4500 PARK GRANADA CALABASAS, CA 91302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISSINGER, III, ANDREW 3349 MICHELSON DR., STE 200 IRVINE, CA 926128893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIELANSKI, ANDREW STANLEY 4500 PARK GRANADA CALABASAS, CA 91302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RICHARD S 3349 MICHELSON DR., STE 200 IRVINE, CA 926128893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ROBERT V 3349 MICHELSON DR., STE 200 IRVINE, CA 926121627	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, MARSHALL M 4500 PARK GRANADA CALABASAS, CA 91302	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas M. Scrivener 4500 Park Granada Calabasas, CA 91302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Howard B. Wexler 3349 Michelson Drive, #200 Irvine, CA 92612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mark A. McElroy 3349 Michelson Drive, #200 Irvine, CA 92612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **9-6-05** **949 222 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #