

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

FILED  
Feb 03, 2006  
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:

## Current Mailing Address:

3449 MICHELSON DRIVE  
SUITE #200  
IRVINE, CA 926128893 US

## New Mailing Address:

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 32399 US

## Name and Address of New Registered Agent:

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

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: SCRIVENER, THOMAS M  
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: JAMES, ROBERT V  
Address: 3349 MICHELSON DR., STE 200  
City-St-Zip: IRVINE, CA 926121627

Title: D ( ) Delete  
Name: WEXLER, HOWARD B  
Address: 3349 MICHELSON DRIVE, # 200  
City-St-Zip: IRVINE, CA 92612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARCIA, CARLOS M  
Address: 4500 PARK GRANADA  
City-St-Zip: CALABASAS, CA 91302

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

Title: D (X) Change ( ) Addition  
Name: SCRIVENER, THOMAS  
Address: 3349 MICHELSON DR. STE 200  
City-St-Zip: IRVINE, CA 92612

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

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

Title: S (X) Change ( ) Addition  
Name: DUNN, FRANKLIN T  
Address: 3349 MICHELSON DRIVE, # 200  
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ED J. KATIGBAK

Electronic Signature of Signing Officer or Director

VP

02/03/2006

\_\_\_\_\_ Date