

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

FILED
Apr 27, 2009
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: D () 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: 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: S () Delete
Name: DUNN, FRANKLIN T
Address: 3349 MICHELSON DRIVE, # 200
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HENDRY, WILLARD M
Address: 3349 MICHELSON DR., STE 200
City-St-Zip: IRVINE, CA 926128893

Title: D (X) Change () Addition
Name: MERTZEL, KENNETH
Address: 3349 MICHELSON DR., STE 200
City-St-Zip: IRVINE, CA 926128893

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL TULLY

_____ Electronic Signature of Signing Officer or Director

AVP

04/27/2009

_____ Date