

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

FILED  
Mar 19, 2012  
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:

3349 MICHELSON DRIVE  
SUITE #200  
IRVINE, CA 92612 US

## Current Mailing Address:

3449 MICHELSON DRIVE  
SUITE #200  
IRVINE, CA 926128893 US

## New Mailing Address:

3349 MICHELSON DRIVE  
SUITE #400  
IRVINE, CA 92612 US

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

## OFFICERS AND DIRECTORS:

Title: P  
Name: BURDICK, TIMOTHY A P, CEO  
Address: 2724 MEADOW CHURCH RD.  
City-St-Zip: DULUTH, GA 30097 US

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

Title: S  
Name: CHAMBERLAIN, ERIC B S, CLO  
Address: 3349 MICHELSON DR., STE 400  
City-St-Zip: IRVINE, CA 926128893 US

Title: V  
Name: TULLY, MICHAEL J V  
Address: 3349 MICHELSON DR., STE 400  
City-St-Zip: IRVINE, CA 92612 US

Title: V  
Name: JOHNSON, MICHELLE M V, CAO  
Address: 201 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28255 US

Title: V  
Name: SIFFORD, EVANGELINE  
Address: 150 N. COLLEGE ST.  
City-St-Zip: CHARLOTTE, NC 28255 US

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

03/19/2012

Electronic Signature of Signing Officer or Director

Date