

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 809358

**Entity Name:** BALBOA INSURANCE COMPANY

**Current Principal Place of Business:**

3349 MICHELSON DRIVE  
SUITE #200  
IRVINE, CA 92612

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC8675565191**

**Current Mailing Address:**

20151 SW BIRCH ST.  
SUITE #250  
NEWPORT BEACH, CA 92660 US

**FEI Number: 95-6027860**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COLLINS, LESLEY J.  
Address 1100 N. KING ST.  
City-State-Zip: WILMINGTON DE 19884

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

Title S  
Name CHAMBERLAIN, ERIC BS, CLO  
Address 20151 SW BIRCH ST.  
SUITE #250  
City-State-Zip: NEWPORT BEACH CA 92660

Title V  
Name TULLY, MICHAEL JV  
Address 20151 SW BIRCH ST.  
SUITE #250  
City-State-Zip: NEWPORT BEACH CA 92660

Title V  
Name JOHNSON, MICHELLE MV, CAO  
Address 20151 SW BIRCH ST.  
SUITE #250  
City-State-Zip: NEWPORT BEACH CA 92660

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

*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**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date