

2014 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
Apr 21, 2014
Secretary of State
CC0365090315

Current Mailing Address:

150 N COLLEGE ST
NC1-028-17-06
CHARLOTTE, NC 28255 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 PRESIDENT, DIRECTOR
Name MACDONALD, JANET A
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title SVP
Name PRITCHARD, JASON
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title SECRETARY
Name CHAMBERLAIN, ERIC
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER
Name JOHNSON, MICHELLE M
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name SIFFORD, EVANGELINE
Address 150 N COLLEGE ST
 NC1-028-17-06
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: JASON PRITCHARD

SVP

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date