

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996 7



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # 809358 (5)

BALBOA INSURANCE COMPANY

Principal Place of Business: 3340 MICHELSON DRIVE, P.O. BOX 19702, IRVINE CA 92713-6701  
Mailing Address: 3349 MICHELSON DRIVE, P.O. BOX 19702, IRVINE CA 92713-6701

3. Date Incorporated or Qualified: 06/01/1953  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 95-6027860  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 18581 TELLER AVE, Suite, Apt. #, etc.  
2a. Mailing Address: P.O. Box 19702, Suite, Apt. #, etc.  
27. ATTN: TAX DEPT  
23. IRVINE, CA  
28. IRVINE, CA  
24. 92612, Country  
25. Country  
29. 92623, Country  
30. Country

INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD NAME: SMITH, H F STREET ADDRESS: 19792 RIVERVIEW DR. CITY - ST - ZIP: YORBA LINDA CA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP NAME: BENNINGTON, C. W STREET ADDRESS: 8 MOONLIGHT CITY - ST - ZIP: IRVINE CA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AVPC NAME: FOGARTY, T. T STREET ADDRESS: 5795 MORNINGSTAR DR. CITY - ST - ZIP: ANAHEIM CA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPT NAME: BUKOW, R. STREET ADDRESS: 27341 VIA AMISTOSO CITY - ST - ZIP: MISSION VIEJO CA	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002159687 -04/30/97--01002--037 ***165.00
TITLE: PD NAME: SPENCE, J. C STREET ADDRESS: 3349 MICHELSON DR CITY - ST - ZIP: IRVINE CA	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 Anton Boulevard Costa Mesa, CA 92626-7147
TITLE: AT NAME: HITZEL, T.G. STREET ADDRESS: 3349 MICHELSON DR CITY - ST - ZIP: IRVINE CA	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 Anton Boulevard Costa Mesa, CA 92626-7147

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or by an attachment with an address.

SIGNATURE: T.G. Hitzel 4.10.97 (714) 435-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR