

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90028 005 ***150.00

DOCUMENT # 809358
 1. Entity Name
BALBOA INSURANCE COMPANY

Principal Place of Business 18581 TELLER AVE IRVINE CA 92612 US	Mailing Address P O BOX 19702 ATTN: TAX DEPT IRVINE CA 92623-9702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-6027860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITAL BLDG.
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, H F 19792 RIVERVIEW DR. YORBA LINDA CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BENNINGTON, C. W 8 MOONLIGHT IRVINE CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPC FOGARTY, T. T 5795 MORNINGSTAR DR. ANAHEIM CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BUKOW, R. 27341 VIA AMISTOSO MISSION VIEJO CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATON, NEAL R 18581 TELLER AVE IRVINE CA 92612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HITZEL, T.G. 600 ANTON BLVD COSTA MESA CA 92626-7147 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Carlos M. Garcia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Park Granada Calabasas, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T KRISTINE F. MCKAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18581 Teller Ave Irvine, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Robert P. Barbarowicz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Park Granada Calabasas, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laila B. Soares <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 78581 Teller Ave Irvine, CA 92612

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laila B. Soares **LAILA B. SOARES** 4/20/00 949 553-5448
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Asst. Sec

CR2E034 (9/99)