

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 048 ***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



2. Principal Place of Business
3349 Michelson Drive

3. Mailing Address
Same as above

Suite, Apt. #, etc.
Suite#200

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Irvine, CA

City & State

Zip
92612-8893

Country
US

Zip
92612-8893

Country

4. FEI Number **95-6027860**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GARCIA, CARLOS M 4500 PARK GRANADA CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISSINGER, III, ANDREW 3349 Michelson Dr. Ste. 200 IRVINE CA 92612-8893 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIELANSKI, ANDREW STANLEY 4500 PARK GRANADA CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARBAROWICZ, ROBERT P 4500 PARK GRANADA CALABASAS CA 91302 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CISSELL, D.DAVID 3349 Michelson Dr. Ste. 200 IRVINE CA 92612-1627 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, MARSHALL M 4500 PARK GRANADA CALABASAS CA 91302 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lewis, Richard Stratford 3349 Michelson Dr. Ste.200 Irvine, CA 92612-8893 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillips, Steven Duane 3349 Michelson Drive, Ste.200 Irvine, CA 92612-8893 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **2-11-03** **949-222-8366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



80052202

FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 19, 2003

BALBOA INSURANCE COMPANY
P O BOX 19702
ATTN: TAX DEPT
IRVINE, CA 92623

Subject: **BALBOA INSURANCE COMPANY**

Reference Number: **809358**

Please be
however,
following

iform business report;
g returned for the

The check
payable to

*Replacement checks
are attached.*

ake your check

After the
Corporati
from the

Thank you.

ort to: Division of
500 within 30 days

If you ha
Division

please call the

/MD
ANNUAL

RECEIVED
MAR 03 2003
MEL MARTINEZ