

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000529

FILED
Mar 08, 2011
Secretary of State

Entity Name: BALBOA INSURANCE SERVICES, INC.

Current Principal Place of Business:

4500 PARK GRANADA
CALABASAS, CA 91302

New Principal Place of Business:

Current Mailing Address:

30930 RUSSELL RANCH RD
MAIL STOP: CA6-916-02-01
WESTLAKE VILLAGE, CA 91362

New Mailing Address:

30930 RUSSELL RANCH RD
MAIL STOP: CA6-916-01-12
WESTLAKE VILLAGE, CA 91362

FEI Number: 95-4662705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TRES
Name: BAKER, ROBERT
Address: 3349 MICHELSON DRIVE
City-St-Zip: IRVINE, CA 92612

Title: PRES
Name: KUHN, DAVID
Address: 3349 MICHELSON DRIVE
City-St-Zip: IRVINE, CA 92612

Title: SEC
Name: COSTAMAGNA, CHRISTINE
Address: 555 CALIFORNIA STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS
Name: MURPHY, PAMELA
Address: 30930 RUSSELL RANCH RD.
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: D
Name: KUHN, DAVID
Address: 3349 MICHELSON DRIVE
City-St-Zip: IRVINE, CA 92612

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: PAMELA MURPHY

AS

03/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date