

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000000529

**Entity Name:** BALBOA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

4500 PARK GRANADA  
CALABASAS, CA 91302

**Current Mailing Address:**

150 N COLLEGE ST NC1-028-17-06  
CHARLOTTE, NC 28255

**FEI Number: 95-4662705**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SVP  
Name PRITCHARD, JASON  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title SEC  
Name COSTAMAGNA, CHRISTINE  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title TREA  
Name MALDONADO, FELIPE  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title DIR  
Name CHRISTIAN, DE A L  
Address 150 N COLLEGE ST NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title PRESIDENT  
Name FITZGERALD, LORI  
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**

**04/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date