

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003013

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALLIANT INSURANCE SERVICES, INC.

Current Principal Place of Business:

1301 DOVE STREET
SUITE 200
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

701 B STREET
6TH FLOOR
SAN DIEGO, CA 92101

New Mailing Address:

FEI Number: 33-0785439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: CORBETT, THOMAS W CEO
Address: 1301 DOVE STREET, SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR () Delete
Name: ZIMMER, P. GREGORY EVP-CFO
Address: 1301 DOVE STREET, SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR () Delete
Name: HALL, JEROLD D EVP-COO
Address: 1301 DOVE STREET, SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: SVP () Delete
Name: FILLEY, TED C SVP-CAO
Address: 701 B STREET, 6TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

Title: SVP () Delete
Name: ZAK, KENNTHE A SVP-SEC
Address: 701 B STREET, 6TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH A. ZAK

SVP

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date