

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003013

FILED
Apr 29, 2010
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO
Name: CORBETT, THOMAS W DIR/CHM
Address: 1301 DOVE STREET, SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

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

Title: SEVP
Name: HALL, JEROLD D DIR/COO
Address: 1301 DOVE STREET, SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: TREA
Name: FILLEY, TED C
Address: 701 B STREET, 6TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

Title: SEC
Name: ZAK, KENNETH A
Address: 701 B STREET, 6TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

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: KENNETH A. ZAK

SEC

04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date