2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001910

Entity Name: ALLIANT SPECIALTY INSURANCE SERVICES, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1620 FITH AVENUE 1620 FIFTH AVENUE SAN DIEGO, CA 921012797 SAN DIEGO, CA 92101 **Current Mailing Address: New Mailing Address:** 1620 FITH AVENUE 1620 FIFTH AVENUE SAN DIEGO, CA 921012797 SAN DIEGO, CA 92101 FEI Number: 95-2678392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CORBETT, THOMAS W CHR-CEO Name: CORBETT, THOMAS W CHRMAN Name: 5800 ARMANDA DRIVE #200 5800 ARMADA DRIVE #200 Address: Address: City-St-Zip: CARLSBAD, CA 92008 City-St-Zip: CARLSBAD, CA 92008 Title: Title: () Delete (X) Change () Addition Name: ADDEO, JOHN V-CHRMN Name: HALL, JERRY D PRS-COO 6 SUBURBAN AVENUE 5800 ARMADA DRIVE #200 Address: Address: CARLSBAD, CA 92008 City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: DIR () Delete Title: () Change () Addition ZIMMER, P. GREGORY PRS-CFO Name: Name: 5800 ARMADA DRIVE #200 Address: Address: CARLSBAD, CA 92008 City-St-Zip: City-St-Zip: Title: DIR () Delete Title: **TREA** (X) Change () Addition HALL, JEROLD D PRS-COO FILLEY, TED C SVP-CAO Name: Name: Address: 1620 FIFTH AVE. Address: 1620 FIFTH AVENUE City-St-Zip: SAN DIEGO, CA 921012797 City-St-Zip: SAN DIEGO, CA 92101 Title: DIR Title: (X) Delete () Change () Addition IACONO, JOHN P SECTY Name: Name: 6 SUBURBAN AVENUE Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: (X) Delete Title: () Change () Addition ORZECH, PAUL EVP Name: Name: Address: 6 SUBURBAN AVENUE Address: City-St-Zip: City-St-Zip: STAMFORD, CT 06901

I hereby certify that the information supplied with this filing does not qualify for the 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: TED C. FILLEY TREA 04/24/2006