



**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alliant Specialty Insurance Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrea M. Calabrese  
(Name of Person)

Driver Alliant Insurance Services, Inc.  
(Firm/Company)

1620 Fifth Avenue  
(Address)

San Diego, CA 92101-2797  
(City/State and Zip code)

FILED  
 03 APR 5 AM 11:24  
 TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Andrea Calabrese at ( 619 ) 699-0516  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
 Registration Section  
 Division of Corporations  
 409 E. Gaines St.  
 Tallahassee, FL 32399

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Alliant Specialty Insurance Services, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. California 3. 95-2678392  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 24, 1970 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1620 Fifth Avenue, San Diego, CA 92101-2797  
(Principal office address)  
1620 Fifth Avenue, San Diego, CA 92101-2797  
(Current mailing address)
8. Insurance sales and service  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue  
Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE FLORIDA

**REGISTERED AGENT'S ACCEPTANCE:**

Having been named as registered agent and to accept service of process for this corporation, Alliant Specialty Insurance Services, Inc., at the place designated in the attached application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

*Kathleen Vicars* Assistant Secretary

(Registered agent's signature) Kathleen Vicars

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STATE OF MISSISSIPPI  
TALMAGE COUNTY CLERK

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Please see list of OFFICERS/DIRECTORS attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Andrea M. Calabrese  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Andrea M. Calabrese, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

**Attachment to  
Application by Foreign Corporation for Authorization to  
Transact Business in Florida  
Of  
ALLIANT SPECIALTY INSURANCE SERVICES, INC.**

**Question 12 A-B: Officers and Directors of the Corporation**

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Thomas W. Corbett                      Chairman and Chief Executive Officer  
5800 Armada Drive, #200  
Carlsbad, CA 92008

John Addeo                              Vice Chairman  
6 Suburban Avenue  
Stamford, CT 06901

P. Gregory Zimmer, Jr.              President and Chief Operating Officer  
5800 Armada Drive, #200  
Carlsbad, CA 92008

Jerold D. Hall                         Executive Vice President  
5800 Armada Drive, #200  
Carlsbad, CA 92008

William Robinson                    Executive Vice President  
6 Suburban Avenue  
Stamford, CT 06901

Paul Orzech                            Executive Vice President  
6 Suburban Avenue  
Stamford, CT 06901

Raymond Corbett                     Senior Vice President  
30851 Agoura Rd., #204  
Agoura Hills, CA 91301

John P. Iacono                        Senior Vice President, Secretary  
6 Suburban Avenue  
Stamford, CT 06901

Roger G. Combe                      Vice President  
1620 Fifth Avenue  
San Diego, CA 92101

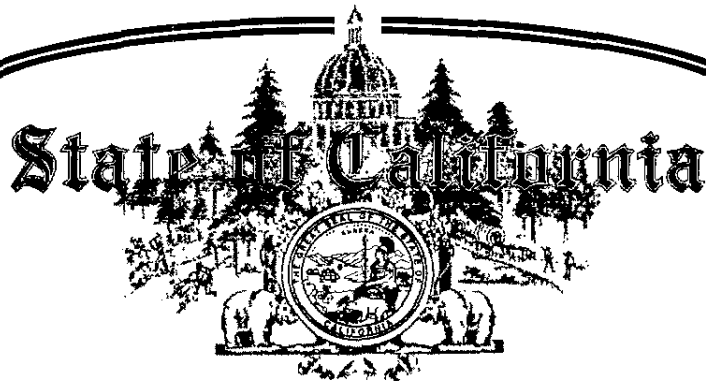
Andrea Calabrese                    Vice President, Assistant Secretary  
1620 Fifth Avenue  
San Diego, CA 92101

Charles Tyson                        Treasurer  
5800 Armada Drive, #200  
Carlsbad, CA 92008

FILED  
MAR 15 2004  
ALLIANT SPECIALTY INSURANCE SERVICES, INC.

03 APR 15 AM 11:24

**FILED**



**SECRETARY OF STATE  
CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **24th day of February, 1970, ALLIANT SPECIALTY INSURANCE SERVICES, INC., (C0592556)** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 13, 2003.



*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State

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