

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004692

FILED
Jan 06, 2009
Secretary of State

Entity Name: ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

Current Principal Place of Business:

2101 KEN PRATT BOULEVARD
SUITE 102
LONGMONT, CO 80501

New Principal Place of Business:

Current Mailing Address:

2101 KEN PRATT BOULEVARD
SUITE 102
LONGMONT, CO 80501

New Mailing Address:

FEI Number: 20-3216749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANG, DOUGLAS A
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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: T () Delete
Name: HENDRICKSON, ROBERT S
Address: 2101 KEN PRATT BLVD. #102
City-St-Zip: LONGMONT, CO 80501

Title: PD () Delete
Name: GINGER, DAVID D
Address: 5000 HIGH CANYON PASS
City-St-Zip: AUSTIN, TX 78738

Title: S () Delete
Name: BRENDemuHL, WILLIAM J
Address: 4500 CHERRY CREEK DRIVE SOUTH #10W
City-St-Zip: GLENDALE, CO 80246

Title: D () Delete
Name: STONE, RICHARD W
Address: 165 SOUTH UNION BLVD. #510
City-St-Zip: LAKEWOOD, CO 80228

Title: D () Delete
Name: BONANNO, RAYMOND J
Address: 7563 DAHLIA STREET
City-St-Zip: COMMERCE CITY, CO 80022

Title: D () Delete
Name: GRUBB, ROBERT J
Address: 2101 KEN PRATT BLVD. #102
City-St-Zip: LONGMONT, CO 80501

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
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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: ROBERT S HENDRICKSON

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date