2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000049

Entity Name: ALLIANT INSURANCE SERVICES HOUSTON, LLC

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5847 SAN FELIPE, #2750 5847 SAN FELIPE HOUSTON, TX 77057 SUITE 2750

HOUSTON, TX 77057

Current Mailing Address: New Mailing Address:

5847 SAN FELIPE, #2750 5847 SAN FELIPE HOUSTON, TX 77057 SUITE 2750

HOUSTON, TX 77057

ADDITIONS/CHANGES:

FEI Number: 22-3723955 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:

NATIONAL REGISTERED AGENTS, 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

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 CRABB, MARY B
 Name:

 Address:
 5847 SAN FELIPE, #2750
 Address:

 City-St-Zip:
 HOUSTON, TX, 77057
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 WILCOX, BENJAMIN D
 Name:

 Address:
 5847 SAN FELIPE, #2750
 Address:

 City-St-Zip:
 HOUSTON, TX 77057
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 O'NEIL, DANIEL T
 Name:
 SCHANEN, ROBERT

 Address:
 5847 SAN FELIPE, #2750
 Address:
 5847 SAN FELIPE, #2750

 City-St-Zip:
 HOUSTON, TX, 77057
 City-St-Zip:
 HOUSTON, TX, 77057

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBORAH J. CROW CLA 01/05/2007