2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# M04000000049

Entity Name: ALLIANT INSURANCE SERVICES HOUSTON, LLC

Current Principal Place of Business:

5847 SAN FELIPE
SUITE 2750
HOUSTON, TX 77057

New Principal Place of Business:

Current Mailing Address:

5847 SAN FELIPE
SUITE 2750
HOUSTON, TX 77057

New Mailing Address:

701 B STREET, 6TH FLOOR
SAN DIEGO, CA 92101

FEI Number: 22-3723955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WILCOX, BENJAMIN D	
Address:	5847 SAN FELIPE, #2750	
City-St-Zip:	HOUSTON, TX 77057	
Title:	MGR	( ) Delete
Name:	SCHANEN, ROBERT	
Address:	5847 SAN FELIPE, #2750	
City-St-Zip:	HOUSTON, TX 77057	
Title:	SVP	( ) Delete
Name:	ZAK, KENNETH A SECRETA	
Address:	701 B STREET, 6TH FLOOR	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	SVP	( ) Delete
Name:	FILLEY, TED C TREASUR	
Address:	701 B STREET, 6TH FLOOR	
City-St-Zip:	SAN DIEGO, CA 92101	

ADDITIONS/CHANGES:

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
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 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: KENNETH A. ZAK SVP 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date