

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000049

**Entity Name:** ALLIANT INSURANCE SERVICES HOUSTON, LLC**Current Principal Place of Business:**5847 SAN FELIPE STREET  
SUITE 2750  
HOUSTON, TX 77057**Current Mailing Address:**701 B STREET, 6TH FLOOR  
SAN DIEGO, CA 92101**FEI Number:** 22-3723955**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title EVP  
Name WILCOX, BENJAMIN D  
Address 5847 SAN FELIPE STREET, SUITE 2750  
City-State-Zip: HOUSTON TX 77057

Title SEC  
Name ZAK, KENNETH A  
Address 701 B STREET, 6TH FLOOR  
City-State-Zip: SAN DIEGO CA 92101

Title CEO  
Name CORBETT, THOMAS W  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title EVP  
Name SCHANEN, ROBERT JR.  
Address 5847 SAN FELIPE STREET, SUITE 2750  
City-State-Zip: HOUSTON TX 77057

Title TREA  
Name FILLEY, TED C  
Address 701 B STREET, 6TH FLOOR  
City-State-Zip: SAN DIEGO CA 92101

Title SEVP  
Name HURST, RALPH S  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH A. ZAK**SECRETARY****04/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date