2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2023
Secretary of State
6985549901CC

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Entity Name: ALLIANT INSURANCE SERVICES HOUSTON, LLC

Current Principal Place of Business:

5444 WESTHEIMER RD
9TH FLOOR
HOUSTON, TX 77056

Current Mailing Address:

5444 WESTHEIMER RD
9TH FLOOR
HOUSTON, TX 77056 US

FEI Number: 22-3723955

Certificate of Status Desired: No

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	MGRM
Name	ALLIANT INSURANCE SERVICES, INC.
Address	701 B STREET 6TH FLOOR
City-State-Zip:	SAN DIEGO CA 92101

Title	SECRETARY
Name	BAUMANN, JENNIFER E.
Address	701 B STREET 6TH FLOOR
City-State-Zip:	SAN DIEGO CA 92102

Title	MANAGER, PRESIDENT, DIRECTOR
Name	ZIMMER, P. GREGORY JR.
Address	18100 VON KARMAN AVENUE 10TH FLOOR
City-State-Zip:	IRVINE CA 92612

Title	MANAGER, PRESIDENT, SENIOR EXECUTIVE VICE PRESIDENT, DIRECTOR, EXECUTIVE VICE PRESIDENT
Name	HURST, RALPH S.
Address	18100 VON KARMAN AVENUE 10TH FLOOR
City-State-Zip:	IRVINE CA 92612

Title	SENIOR EXECUTIVE VICE PRESIDENT, CFO
Name	ANDERS, ILENE
Address	18100 VON KARMAN AVENUE 10TH FLOOR
City-State-Zip:	IRVINE CA 92612

Title	EXECUTIVE VICE PRESIDENT
Name	LUDWIG, JOHN
Address	5444 WESTHEIMER RD 9TH FLOOR
City-State-Zip:	HOUSTON TX 77056

Title	COO, SENIOR EXECUTIVE VICE PRESIDENT
Name	CARPENTER, PETER
Address	18100 VON KARMAN AVENUE 10TH FLOOR
City-State-Zip:	IRVINE CA 92612

Title	EXECUTIVE VICE PRESIDENT
Name	SCHANEN, ROBERT JR.
Address	55 REALTY DRIVE SUITE 200
City-State-Zip:	CHESHIRE CT 06410

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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: RALPH S. HURST MANAGER 03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	TREASURER, EXECUTIVE VICE PRESIDENT
Name	FILLEY, TED C.
Address	18100 VON KARMAN AVENUE 10TH FLOOR
City-State-Zip:	IRVINE CA 92612

Title	CHAIRMAN, CEO, MANAGER
Name	CORBETT, THOMAS W.
Address	18100 VON KARMAN AVENUE 10TH FLOOR
City-State-Zip:	IRVINE CA 92612