

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003013

**Entity Name:** ALLIANT INSURANCE SERVICES, INC.

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC3750576756**

**Current Principal Place of Business:**

1301 DOVE STREET  
SUITE 200  
NEWPORT BEACH, CA 92660

**Current Mailing Address:**

701 B STREET  
6TH FLOOR  
SAN DIEGO, CA 92101

**FEI Number: 33-0785439**

**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

**Officer/Director Detail :**

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

Title            PRES  
Name            ZIMMER, P. GREGORY JR.  
Address        1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

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

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

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

*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 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 all other like empowered.*

**SIGNATURE: KENNETH A. ZAK**

**SECRETARY**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date