

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003013

FILED
Jan 16, 2019
Secretary of State
1842113676CC

Entity Name: ALLIANT INSURANCE SERVICES, INC.

Current Principal Place of Business:

1301 DOVE STREET
SUITE 200
NEWPORT BEACH, CA 92660

Current Mailing Address:

1301 DOVE STREET
SUITE 200
NEWPORT BEACH, CA 92660 US

FEI Number: 33-0785439

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

Officer/Director Detail :

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

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

Title PRESIDENT, SENIOR EXECUTIVE VICE PRESIDENT, DIRECTOR
Name HURST, RALPH S
Address 1301 DOVE STREET, SUITE 200
City-State-Zip: NEWPORT BEACH CA 92660

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

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL
Name ZAK, KENNETH A
Address 701 B STREET, 6TH FLOOR
City-State-Zip: SAN DIEGO CA 92101

Title COO, SENIOR EXECUTIVE VICE PRESIDENT
Name CARPENTER, PETER
Address 1301 DOVE STREET, SUITE 200
City-State-Zip: NEWPORT BEACH CA 92660

Title CFO, SENIOR EXECUTIVE VICE PRESIDENT
Name ANDERS, ILENE
Address 1301 DOVE STREET, SUITE 200
City-State-Zip: NEWPORT BEACH CA 92660

Title SECRETARY
Name BAUMANN, JENNIFER
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 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: JENNIFER BAUMANN

SECRETARY

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date