

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003013

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

**Current Principal Place of Business:**

18100 VON KARMAN AVENUE  
10TH FLOOR  
IRVINE, CA 92612

**Current Mailing Address:**

18100 VON KARMAN AVENUE  
10TH FLOOR  
IRVINE, CA 92612 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 18100 VON KARMAN AVENUE  
10TH FLOOR  
City-State-Zip: IRVINE CA 92612

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

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

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

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

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

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

*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 E. BAUMANN

**SECRETARY**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date