## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003013

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:

Title

Name

Electronic Signature of Registered Agent

Date

FILED Jan 28, 2020

Secretary of State

5349134579CC

Officer/Director Detail:

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

Title PRESIDENT, SENIOR EXECUTIVE Title TREASURER VICE PRESIDENT, DIRECTOR

Name HURST, RALPH S

Address 701 B STREET, 6TH FLOOR
Address 1301 DOVE STREET, SUITE 200

City-State-Zip: NEWPORT BEACH CA 92660

Title COO, SENIOR EXECUTIVE VICE

SENIOR VICE PRESIDENT, GENERAL PRESIDENT

COUNSEL Name CARPENTER, PETER

Name ZAK, KENNETH A Address 1301 DOVE STREET, SUITE 200
Address 701 B STREET, 6TH FLOOR

City-State-Zip: NEWPORT BEACH CA 92660
City-State-Zip: SAN DIEGO CA 92101

Title SECRETARY

Title CFO, SENIOR EXECUTIVE VICE Name BAUMANN, JENNIFER

PRESIDENT

ANDERS, ILENE

Address

Address

701 B STREET, 6TH FLOOR

Address 1301 DOVE STREET, SUITE 200 City-State-Zip: SAN DIEGO CA 92101

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 01/28/2020