2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F03000001910

Entity Name: ALLIANT SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

9201 SPECTRUM CENTER BLVD. SUITE 200 SAN DIEGO, CA 92123

Current Mailing Address:

701 B STREET 6TH FLOOR SAN DIEGO, CA 92101

FEI Number: 95-2678392

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DIR	Title	DIR
Name	CORBETT, THOMAS W	Name	HURST, RALPH S
Address	1301 DOVE STREET, SUITE 200	Address	1301 DOVE STREET, SUITE 200
City-State-Zip:	NEWPORT BEACH CA 92660	City-State-Zip:	NEWPORT BEACH CA 92660
Title	DIR	Title	TREA
Name	ZIMMER, P. GREGORY JR.	Name	FILLEY, TED C
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	SECR	Title	PRES
Title Name	SECR ZAK, KENNETH A	Title Name	PRES MCCONLOGUE, R. SEAN
			MCCONLOGUE, R. SEAN 9201 SPECTRUM CENTER BLVD.,
Name	ZAK, KENNETH A	Name	MCCONLOGUE, R. SEAN 9201 SPECTRUM CENTER BLVD., SUITE 200
Name Address	ZAK, KENNETH A 701 B STREET, 6TH FLOOR	Name Address	MCCONLOGUE, R. SEAN 9201 SPECTRUM CENTER BLVD., SUITE 200
Name Address City-State-Zip:	ZAK, KENNETH A 701 B STREET, 6TH FLOOR SAN DIEGO CA 92101	Name Address	MCCONLOGUE, R. SEAN 9201 SPECTRUM CENTER BLVD., SUITE 200
Name Address City-State-Zip: Title	ZAK, KENNETH A 701 B STREET, 6TH FLOOR SAN DIEGO CA 92101 SEVP & COO	Name Address	MCCONLOGUE, R. SEAN 9201 SPECTRUM CENTER BLVD., SUITE 200

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

City-State-Zip: NEW YORK NY 10019

SVP & SECRETARY

04/28/2016

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2016 Secretary of State CC5109499912