

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001910

Entity Name: ALLIANT SPECIALTY INSURANCE SERVICES, INC.

FILED
Apr 22, 2022
Secretary of State
3430906945CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 95-2678392

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

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

Title SECRETARY
Name BAUMANN, JENNIFER
Address 701 B STREET 6TH FLOOR
City-State-Zip: SAN DIEGO CA 92101

Title PRESIDENT
Name MCCONLOGUE, R. SEAN
Address 9201 SPECTRUM CENTER BLVD. SUITE 200
City-State-Zip: SAN DIEGO CA 92123

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

Title COO, SENIOR EXECUTIVE VICE PRESIDENT
Name CARPENTER, PETER
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

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date