

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001910

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

**FILED**  
**Apr 20, 2021**  
**Secretary of State**  
**3124312967CC**

**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 1301 DOVE STREET SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

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

**Continues on page 2**

*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**

**04/20/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP, GENERAL COUNSEL

Name ZAK, KENNETH A

Address 701 B STREET  
6TH FLOOR

City-State-Zip: SAN DIEGO CA 92101