

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004692

FILED
Mar 07, 2016
Secretary of State
CC5877052250

Entity Name: ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

Current Principal Place of Business:

1831 LEFTHAND CIRCLE, SUITE G
LONGMONT, CO 80501

Current Mailing Address:

1831 LEFTHAND CIRCLE, SUITE G
LONGMONT, CO 80501

FEI Number: 20-3216749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ANNETTE KUHLMAN, ASSISTANT VP

03/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name HENDRICKSON, ROBERT S
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title DIRECTOR
Name GINGER, DAVID D
Address 5000 HIGH CANYON PASS
City-State-Zip: AUSTIN TX 78738

Title S
Name MULDER, PHYLLIS J
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title D
Name JOHN, BAUMGART R
Address 300 W. ADAMS, SUITE 435
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name GRUBB, ROBERT J
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title DIRECTOR
Name HUTCHESON, JAMES O
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title DIRECTOR
Name MARTIN, JOHN
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title DIRECTOR
Name HASELDEN, EDWARD
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

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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: ROBERT HENDRICKSON

TREASURER

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIAMSON, BRUCE
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501