#### 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004692

Entity Name: ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

FILED Feb 09, 2017 Secretary of State CC8058836321

## **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

02/09/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title T Title DIRECTOR

Name HENDRICKSON, ROBERT S Name GINGER, DAVID D

Address 1831 LEFTHAND CIRCLE, SUITE G Address 5000 HIGH CANYON PASS

City-State-Zip: LONGMONT CO 80501 City-State-Zip: AUSTIN TX 78738

Title S Title D

Name MULDER, PHYLLIS J Name JOHN, BAUMGART R

Address 1831 LEFTHAND CIRCLE, SUITE G Address 300 W. ADAMS, SUITE 435

City-State-Zip: LONGMONT CO 80501 City-State-Zip: CHICAGO IL 60606

Title PRESIDENT Title DIRECTOR

Name GRUBB, ROBERT J Name HUTCHESON, JAMES O

Address 1831 LEFTHAND CIRCLE, SUITE G Address 1831 LEFTHAND CIRCLE, SUITE G

City-State-Zip: LONGMONT CO 80501 City-State-Zip: LONGMONT CO 80501

Title DIRECTOR Title DIRECTOR

Name HASELDEN, EDWARD Name WILLIAMSON, BRUCE

Address 1831 LEFTHAND CIRCLE, SUITE G Address 1831 LEFTHAND CIRCLE, SUITE G

City-State-Zip: LONGMONT CO 80501 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 SCOTT HENDRICKSON TREASURER 02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name DAWN, MOORE

Address 8111 PRESTON ROAD SUITE 300

City-State-Zip: DALLAS TX 75225