

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004692

FILED
Feb 15, 2024
Secretary of State
0939792046CC

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

02/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name COLOSIMO, ANDREW
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title SECRETARY
Name COOK, MARGARET
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title PRESIDENT, AND DIRECTOR
Name SINCLAIR, DAVID J
Address 1831 LEFTHAND CIRCLE, SUITE G
City-State-Zip: LONGMONT CO 80501

Title DIRECTOR
Name LEWIS, MARK C
Address 5566 S. LEWISTON STREET
City-State-Zip: CENTENNIAL CO 80015

Title DIRECTOR
Name PUSCASIU, CHRISTIAN
Address 4417 PIEDMONT AVENUE
City-State-Zip: OAKLAND CA 94611

Title DIRECTOR
Name RATTIKIN, WILLIAM J III
Address 201 MAIN STREET
 SUITE 800
City-State-Zip: FORT WORTH TX 76102

Title DIRECTOR
Name MASAYA, VICTOR
Address 98 SAN JACINTO BLVD
 SUITE 2010
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name MOSS, MEREDITH
Address 30 KELLEY ST.
City-State-Zip: CAMBRIDGE MA 02138

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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: ANDREW COLOSIMO

TREASURER

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOEBELE, CYNTHIA
Address 4810 WHITE BEAR PARKWAY #100
City-State-Zip: WHITE BEAR LAKE MN 55110