

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004692

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC1080248964**

**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:** Yes

**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

03/03/2015

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 PD  
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 D  
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

**CHIEF FINANCIAL  
OFFICER**

03/03/2015

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