

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004692

**FILED**  
**Feb 20, 2019**  
**Secretary of State**  
**9772403155CC**

**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

02/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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        4447 N. CENTRAL EXPY  
                  SUITE 110-317  
City-State-Zip: DALLAS TX 75205

Title           DIRECTOR  
Name           WILLIAMSON, BRUCE  
Address        635 COUNTRY LANE  
City-State-Zip: GLENCOE IL 60022

Title           DIRECTOR  
Name           DAWN, MOORE  
Address        6030 SHERRY LANE  
City-State-Zip: DALLAS TX 75225

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

Title           DIRECTOR  
Name           SCHNEIDER, AVIVA  
Address        60 HARDIN DRIVE  
City-State-Zip: RYE NY 10580

**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:** ROBERT HENDRICKSON

**TREASURER**

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MILLAR, WYATT  
Address        225 MONTGOMERY STREET  
                SUITE 1120  
City-State-Zip: SAN FRANCISCO CA 94104

Title           DIRECTOR  
Name           MASAYA, VICTOR  
Address        225 MONTGOMERY STREET  
                SUITE 1120  
City-State-Zip: SAN FRANCISCO CA 94104