F02000003013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R.A. Chong
C.COULLIETTE
AUG 20 2009
EXAMINER

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 093226 7408659

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : August 11, 2009

ORDER TIME : 8:58 AM

ORDER NO. : 093226-049

CUSTOMER NO: 7408659

CHANGE OF AGENT

NAME: ALLIANT INSURANCE SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ALLIANT INSURANCE SERVICES, INC.

2. The principal office address:
1301 Dove Street, Suite 200, Newport Beach, CA 92660

3. The mailing address (if different):
701 B Street, 6th Floor, San Diego, CA 92101

4. Date of incorporation/qualification: 06/13/2002 Document number: F02000003013

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, Attorney in fact
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: Michelle R. Vannoy
(Signature of Registered Agent)

August 18, 2009
(Date)

If signing on behalf of an entity:

Michelle R. Vannoy, Asst. VP
(Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)