

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003013

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** ALLIANT INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1301 DOVE STREET  
SUITE 200  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

**Current Mailing Address:**

701 B STREET  
6TH FLOOR  
SAN DIEGO, CA 92101

**New Mailing Address:**

**FEI Number:** 33-0785439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CORBETT, THOMAS W  
Address: 1301 DOVE STREET, SUITE 200  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: PRES  
Name: ZIMMER, P. GREGORY JR.  
Address: 1301 DOVE STREET, SUITE 200  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: SEVP  
Name: HALL, JEROLD D  
Address: 1301 DOVE STREET, SUITE 200  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: TREA  
Name: FILLEY, TED C  
Address: 701 B STREET, 6TH FLOOR  
City-St-Zip: SAN DIEGO, CA 92101

Title: SEC  
Name: ZAK, KENNETH A  
Address: 701 B STREET, 6TH FLOOR  
City-St-Zip: SAN DIEGO, CA 92101

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: KENNETH A. ZAK

SEC

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date