No. W 56852		Due	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALLIANT INSURANCE SERVICES HOUSTON, LLC 5444 WESTHEIMER RD 9TH FLOOR HOUSTON TX 77056		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.		or <u>rest.</u> registered right and re			
Office Held	Name	rics and Addresses	Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER MANAGER	P GREGORY RALPH S HI THOMAS W	JRST	1301 DOVE STREET SUITE 200 1301 DOVE STREET SUITE 200 1301 DOVE STREET SUITE 200	NEWPORT BEACH NEWPORT BEACH NEWPORT BEACH	CA CA	USA USA USA	92660 92660 92660
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 56852		Signature: THOMAS W. CORBETT Name (type or print): THOMAS W. CORBETT		Date: 12/13/2017 Title: MANAGER			
Processed 12/13/2017	* Electronically provided signatures are accepted as original signatures.						