

No. C 148401		Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. ALLIANT INSURANCE SERVICES, INC. CHARLENE BAUTISTA 1301 DOVE STREET FLOOR 200 NEWPORT BEACH CA 92660-8156		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
DIRECTOR	P. GREGORY ZIMMER, JR.	1301 DOVE STREET SUITE 200	NEWPORT BEACH	CA	USA 92660-2436
DIRECTOR	THOMAS W CORBETT	1301 DOVE STREET SUITE 200	NEWPORT BEACH	CA	USA 92660-2436
TREASURER	TED C FILLEY	701 B STREET 6TH FLOOR	SAN DIEGO	CA	USA 92101-8156
SECRETARY	KENNETH A ZAK	701 B STREET 6TH FLOOR	SAN DIEGO	CA	USA 92101-8156
PRESIDENT	P. GREGORY ZIMMER, JR.	1301 DOVE STREET SUITE 200	NEWPORT BEACH	CA	USA 92660-8156
DIRECTOR	RALPH S. HURST	1301 DOVE STREET SUITE 200	NEWPORT BEACH	CA	USA 92660-8156
5. Organized Under the Laws of: DE C 148401		6. Annual Report must be signed.* Signature: KENNETH ZAK Name (type or print): KENNETH ZAK Date: 03/06/2017 Title: SECRETARY			
Processed 03/06/2017		* Electronically provided signatures are accepted as original signatures.			