



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000131484

2. Name of Corporation ALLIANT INSURANCE SERVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 1301 DOVE STREET, SUITE 200

City or Town: NEWPORT BEACH

State: CA Zip: 92660-2436 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY/BROKERAGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	P. GREGORY ZIMMER JR.	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660 USA
TREASURER	TED C. FILLEY	701 B STREET, 6TH FLOOR SAN DIEGO, CA 92101 USA
SECRETARY	KENNETH A. ZAK	701 B STREET, 6TH FLOOR SAN DIEGO, CA 92101 USA
SEVP AND COO)	PETER CARPENTER	1301 DOVE STREET, SUITE 20 NEWPORT BEACH, CA 92660 USA
DIRECTOR	THOMAS W. CORBETT	1301 DOVE STREET, SUITE 200

		NEWPORT BEACH, CA 92660 USA
DIRECTOR	P. GREGORY ZIMMER JR.	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660 USA
DIRECTOR	RALPH S. HURST	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP	A	\$0.0100	1,500,000.00	1133163
CWP	B	\$0.0100	1,000.00	0
PWP		\$0.0100	5,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 29 Day of February, 2016 at 6:09:25 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KENNETH A. ZAK
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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