

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. 000131483

2. Name of Corporation Alliant Specialty Insurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 9201 SPECTRUM CENTER BLVD.

SUITE 200

City or Town: SAN DIEGO State: CA Zip: 92123 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

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	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		
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		
PRESIDENT	R. SEAN MCCONLOGUE	9201 SPECTRUM CENTER BLVD., SUITE 20 SAN DIEGO, CA 92123 USA		
DIRECTOR	RALPH S. HURST	1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660 USA		

SEVP AND COO	PETER CARPENTER	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	THOMAS W. CORBETT	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 Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$1.0000	100,000.00	50806

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 6:15:25 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

© 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved