

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006221

Entity Name: BENEFIT ADVISORS SERVICES GROUP, LLC**Current Principal Place of Business:**1120 SANCTUARY PARKWAY
SUITE 375
ALPHARETTA, GA 30009**Current Mailing Address:**1120 SANCTUARY PARKWAY
SUITE 375
ALPHARETTA, GA 30009 US**FEI Number:** 45-3028619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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

Authorized Person(s) Detail :

Title CHAIRMAN, CEO, MEMBER
Name CORBETT, THOMAS W.
Address 18100 VON KARMAN AVENUE
10TH FLOOR
City-State-Zip: IRVINE CA 92612

Title MEMBER, PRESIDENT
Name ZIMMER, P. GREGORY JR.
Address 18100 VON KARMAN AVENUE
10TH FLOOR
City-State-Zip: IRVINE CA 92612

Title MEMBER, SENIOR EXECUTIVE VICE
PRESIDENT
Name HURST, RALPH S.
Address 18100 VON KARMAN AVENUE
10TH FLOOR
City-State-Zip: IRVINE CA 92612

Title SECRETARY
Name BAUMANN, JENNIFER E.
Address 701 B STREET
6TH FLOOR
City-State-Zip: SAN DIEGO CA 92101

Title MEMBER
Name ALLIANT INSURANCE SERVICES, INC.
Address 701 B STREET
6TH FLOOR
City-State-Zip: SAN DIEGO CA 92101

Title CFO, SENIOR EXECUTIVE VICE
PRESIDENT
Name ANDERS, ILENE
Address 18100 VON KARMAN AVENUE
10TH FLOOR
City-State-Zip: IRVINE CA 92612

Title COO, SENIOR EXECUTIVE VICE
PRESIDENT
Name CARPENTER, PETER
Address 18100 VON KARMAN AVENUE
10TH FLOOR
City-State-Zip: IRVINE CA 92612

Title EXECUTIVE VICE PRESIDENT,
TREASURER
Name FILLEY, TED C.
Address 18100 VON KARMAN AVENUE
10TH FLOOR
City-State-Zip: IRVINE CA 92612

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER E. BAUMANN**SECRETARY****03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date