

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006221

Entity Name: BENEFIT ADVISORS SERVICES GROUP, LLC**Current Principal Place of Business:**1120 SANCTUARY PKWY STE 375
ALPHARETTA, GA 30009**Current Mailing Address:**1120 SANCTUARY PKWY STE 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 AUTHORIZED MEMBER
Name CORBETT, THOMAS W
Address 1301 DOVE STREET, SUITE 200
City-State-Zip: NEWPORT BEACH CA 92660

Title AUTHORIZED MEMBER
Name HURST, RALPH S
Address 1301 DOVE STREET, SUITE 200
City-State-Zip: NEWPORT BEACH CA 92660

Title AUTHORIZED MEMBER
Name ZIMMER, P. GREGORY JR.
Address 1301 DOVE STREET, SUITE 200
City-State-Zip: NEWPORT BEACH CA 92660

Title AUTHORIZED MEMBER
Name ALLIANT INSURANCE SERVICES, INC.
Address 1120 SANCTUARY PKWY STE 375
City-State-Zip: ALPHARETTA GA 30009

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: RALPH S. HURST**MEMBER****04/11/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date