

**2019 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	AUTHORIZED MEMBER
Name	CORBETT, THOMAS W.
Address	1301 DOVE STREET SUITE 200
City-State-Zip:	NEWPORT BEACH CA 92660

Title	AUTHORIZED MEMBER, PRESIDENT
Name	ZIMMER, P. GREGORY JR.
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	ALLIANT INSURANCE SERVICES, INC.
Address	1120 SANCTUARY PARKWAY SUITE 375
City-State-Zip:	ALPHARETTA GA 30009

Title	SECRETARY
Name	BAUMANN, JENNIFER
Address	1120 SANCTUARY PARKWAY SUITE 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:** JENNIFER BAUMANN**SECRETARY****01/18/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date