

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007259

**Entity Name:** BENEFIT CONSULTANTS GROUP, INC.**Current Principal Place of Business:**51 HADDONFIELD ROAD  
SUITE 200  
CHERRY HILL, NJ 08002**Current Mailing Address:**51 HADDONFIELD ROAD  
SUITE 200  
CHERRY HILL, NJ 08002 US**FEI Number:** 23-2383285**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WECKENBROCK, MICHAEL  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title            VP  
Name            ADAMS, BEAU  
Address        51 HADDONFIELD ROAD  
                 SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title            VP  
Name            PAGLIONE, ADAM  
Address        51 HADDONFIELD ROAD  
                 SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title            SECRETARY  
Name            PETERSON, EMILY  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title            ASST. SECRETARY  
Name            MICHAEL, LINEA  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title            DIRECTOR  
Name            CARLEY, DONALD  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title            CFO  
Name            CONKLIN, BRET  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title            SVP  
Name            GREENIER, RYAN  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINEA MICHAEL**ASSISTANT SECRETARY    04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           GAYLE, TROY  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title           DIRECTOR  
Name           ADAMS, BEAU  
Address        51 HADDONFIELD ROAD  
                  SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title           DIRECTOR  
Name           PAGLIONE, ADAM  
Address        51 HADDONFIELD ROAD  
                  SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title           DIRECTOR  
Name           WECKENBROCK, MICHAEL  
Address        51 HADDONFIELD ROAD  
                  SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002