

**2024 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 CEO, DIRECTOR  
Name WECKENBROCK, MICHAEL  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

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

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

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

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

**Continues on page 2**

*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**SECRETARY****05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DESIGNATED RESPONSIBLE LICENSED PRODUCER
Name	JONES, ALFRED
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715