

111000006221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**A. LUNT**

DEC 14 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 12 AM 07

FILED



111 N. Railroad St.  
P.O. Box 390  
Groesbeck, TX 76642  
tel: 254.729.8002  
licensing4insurance.com

December 8, 2011

Region Code 1399

Florida Secretary of State  
Division of Corporations - Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir/Madam:

**Ref: Application for Certificate of Authority**

We are filing the following documents on behalf of  
Benefit Advisors Services Group, LLC

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check# 9626 - \$125.00
- ☒ Certificate of Good Standing
- ☒ Additional Officer List

**FILED**  
2011 DEC 12 AM 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Cara L. Mose*

Cara L. Mose  
Corporate Qualifications Specialist  
P.O. Box 390 (standard)  
111 N. Railroad St. (overnight)  
Groesbeck, TX 76642  
Ph: 254\*729\*6107  
Fax: 254\*729\*8069  
[cmose@ilsainc.com](mailto:cmose@ilsainc.com)

19012

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Benefit Advisors Services Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Georgia 3. 453028619  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/10/2011 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1120 Sanctuary Pkwy Ste 375  
Alpharetta, GA 30009  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Christopher Schott

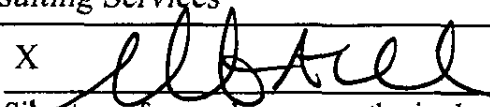
1120 Sanctuary Pkwy Ste 375

Alpharetta, GA 30009

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Insurance Consulting Services

X

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kenneth A. Zak, SVP, General Counsel & Secretary

Typed or printed name of signee

FILED  
2011 DEC 12 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Benefit Advisors Services Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 12 AM 08:07

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

**Dona L. Pribe, Assistant VP**

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **BENEFIT ADVISORS SERVICES GROUP, LLC**

##### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 08/10/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 1st day of December, 2011

Brian P. Kemp  
Secretary of State

Additional List: FL

Alliant Insurance Services, Inc. (100%)

Owner

1301 Dove Street, Suite 200

Newport Beach, CA 92660-2436

Thomas W. Corbett

Chairman/CEO

Business Address: 1301 Dove Street, Suite 200

Newport Beach, CA 92660-2436

P. Gregory Zimmer, Jr.

President/CFO

Business Address: 1301 Dove Street, Suite 200

Newport Beach, CA 92660-2436

Jerold D. Hall

Sr. VP/COO

Business Address: 1301 Dove Street, Suite 200

Newport Beach, CA 92660-2436

Ted C. Filley

EVP & Treasurer

Business Address: 701 B Street, 6th Floor,  
San Diego, CA 92101

Kenneth A. Zak

SVP, General Counsel & Secretary

Business Address: 701 B Street, 6th Floor,  
San Diego, CA 92101