

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003830

**Entity Name:** BENEFIT PARTNERS-ALLIANT, INC.

**Current Principal Place of Business:**

6430 ROCKLEDGE DRIVE  
SUITE 504  
BETHESDA, MD 20817

**FILED**  
**Jan 21, 2019**  
**Secretary of State**  
**5743927378CC**

**Current Mailing Address:**

6430 ROCKLEDGE DRIVE  
SUITE 504  
BETHESDA, MD 20817 US

**FEI Number:** 20-1788594

**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 DIRECTOR, CHAIRMAN, CEO  
Name CORBETT, THOMAS W.  
Address 1301 DOVE STREET  
SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

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

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

Title TREASURER, SENIOR VP  
Name FILLEY, TED C.  
Address 701 B STREET  
6TH FLOOR  
City-State-Zip: SAN DIEGO CA 92101

Title CFO, SENIOR EXECUTIVE VP  
Name ANDERS, ILENE  
Address 1301 DOVE STREET  
SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title COO  
Name CARPENTER, PETER  
Address 1301 DOVE STREET  
SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title EXECUTIVE VP  
Name FRANEY, WILLIAM G.  
Address 6430 ROCKLEDGE DRIVE  
SUITE 504  
City-State-Zip: BETHESDA MD 20817

*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:** P. GREGORY ZIMMER JR.

**PRESIDENT**

**01/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date