

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003830

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC3052909468**

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

**Current Principal Place of Business:**

6430 ROCKLEDGE DRIVE, SUITE 504  
BETHESDA, MD 20817

**Current Mailing Address:**

701 B STREET  
6TH FLOOR  
SAN DIEGO, CA 92101

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

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

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

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

Title            EVP  
Name            FRANEY, WILLIAM G  
Address        9901 BUSINESS PARKWAY SUITE B  
City-State-Zip: LANHAM MD 20706

Title            SEC  
Name            ZAK, KENNETH A  
Address        701 B STREET, 6TH FLOOR  
City-State-Zip: SAN DIEGO CA 92101

Title            SEVP  
Name            CARPENTER, PETER  
Address        320 W 57 STREET  
City-State-Zip: NEW YORK NY 10019

*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:** ZAK , KENNETH A

**SECRETARY**

**04/20/2015**

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

\_\_\_\_\_  
Date