



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. ID No.** 000738764

**2. Exact Name of the Limited Liability Company** HAGERTYPLUS, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Provision of non-insurance based services to classic car collectors such as roadside service and other programs.

**5. Principal Office Address**

No. and Street: 141 RIVERS EDGE DRIVE  
STE 200

City or Town: TRAVERSE CITY State: MI Zip: 49684 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SUSAN HILTON Contact Title: PARALEGAL

No. and Street: 141 RIVERS EDGE DRIVE #200

City or Town: TRAVERSE CITY State: MI Zip: 49864 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MCKEEL HAGERTY	141 RIVERS EDGE DRIVE, STE 200 TRAVERSE CITY, MI 49684 USA
MANAGER	THOMAS C. JONES	141 RIVERS EDGE DR TRAVERSE CITY, MI 49684 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 23 Day of October, 2015 at 11:20:49 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BARBARA MATTHEWS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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