



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED**Annual Report for the year: 2018**
Corporation

FEB 26 2018

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

6254214

1. Entity ID Number 001662566		2. Exact name of the Corporation SIGNET SERVICE PLANS, INC.			
3. Principal Office Address 375 GHENT ROAD			City AKRON	State OH	Zip 44333
4. NAICS Code 524128		6. Brief description of the character of business conducted in Rhode Island INSURANCE			
5. State of Incorporation OH					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative LAUREL KRUEGER, SVP & SECRETARY				Date 2/26/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

**SIGNET SERVICE PLANS, INC.
SCHEDULE OF OFFICERS**

DIRECTORS

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>EXPIRATION OF TERM</u>
MICHELE SANTANA	375 GHENT RD AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
J. LYNN DENNISON	375 GHENT RD AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
LAUREL KRUEGER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED

OFFICERS

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>EXPIRATION OF TERM</u>
KEN BRUMFIELD PRESIDENT	901 W. WALNUT HILL LANE IRVING, TX 75038	WHEN SUCCESSOR IS APPOINTED
RORY O'DONNELL TREASURER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
LAUREL KRUEGER SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED

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