State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**FILED**

FEB 26 2018

BY 6254214

# Annual Report for the year: 2018

## Corporation

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

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001662566 | SIGNET SERVICE PLANS, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 375 GHENT ROAD | AKRON | OH | 44333 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 524128 | INSURANCE |
| 5. State of Incorporation: OH | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

| 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 ☑

| 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

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1000 | CNP | 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.

***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.***

| Name of Authorized Representative | Date |
|---|---|
| LAUREL KRUEGER, SVP & SECRETARY | 2/24/18 |

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

FORM 630 - Revised: 10/2017

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

### DIRECTORS

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

### OFFICERS

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

ID 16625606

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