



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual Report for the year: **2018**
Corporation

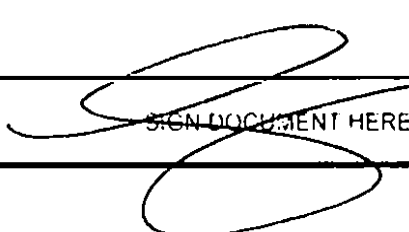
FEB 26 2018

→ 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
2018

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 ☒					
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		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. 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 LAUREL KRUEGER, SVP & SECRETARY					Date 2/21/18
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

<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

ID 1662566

FILED

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BY 6254214

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