	<u>_</u>		- -	Fee: \$50.00
	State of Rhode Island Office of the Secretary of State			
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
1636 (401) 222-3040				
Limited Liability C Annual Report Filing Period: Februa				
refusing to file its an	R.I.G.L. 7-16-66(d), each lim nual report within thirty (30) 6(b&c)) is subject to a penal	days after the t		by
ANNUAL REPORT	YEAR - ENTER THE CURREI	NT YEAR 2024	: <u>2024</u>	
1. ID No. <u>00174</u>	7928			
2. Exact Name of the Limited Liability Company <u>Target Insurance Services, LLC</u>				
3. State of Formati	ion			
State: <u>DE</u>				
	NA	ICS CODE		
	AICS Code that best describ f codes <u>here.</u> More informat			· · ·
<u>524210</u>				
4. Brief Descriptior Island	n of the Character of the Bu	siness Which is	Actually Cond	lucted in Rhode
<u>INSURANCE</u>				
5. Principal Office	Address			
No. and Street:	11020 OAKMONT			
City or Town:	OVERLAND PARK	State: <u>KS</u>	Zip: <u>66210</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Compa	ny and Name or	Title of Contac	t Person:
Contact Name: Co	ontact Title:			
No. and Street:	1445 ROSS AVENUE			
	40TH FLOOR	O_{1-1-1}	7. 75000	
City or Town:	DALLAS	State: <u>1X</u>	Zip: <u>75202</u>	Country: <u>USA</u>
	IT IN RHODE ISLAND - DO N Filing of Form 642 - R.I.G.	-		

 $\underline{\text{CORPORATION SERVICE COMPANY}}_{02888} \underline{\text{222 JEFFERSON BOULEVARD, SUITE 200 WARWICK}}, \underline{\text{RI}}_{02888}$

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

Signed this 24 Day of April, 2024 at 8:26:19 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 <u>DUNCAN W. MCQUEEN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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