	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
7636	(401) 222-3040	
Limited Liabil Annual Repor	rt	
Filing Period: Fe	ebruary 1 - May 1	
refusing to file in	vith R.I.G.L. 7-16-66(d), each limited liability company failing or ts annual report within thirty (30) days after the time prescribed by 16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025		
1. ID No. <u>0</u>	01732201	
2. Exact Name of the Limited Liability Company PEAK6 Insurtech Services LLC		
3. State of For	rmation	
State: <u>DE</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>524210</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
HOLDING CO	<u>OMPANY</u>	
5. Principal Of	ffice Address	
No. and Street	: <u>141 WEST JACKSON BOULEVARD</u>	
	<u>SUITE 500</u>	
City or Town:	<u>CHICAGO</u> State: <u>IL</u> Zip: <u>60604-2980</u> Cor	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
	Contact Title:	
No. and Street	141 WEST JACKSON BOULEVARD	
City or Town:	SUITE 500 CHICAGO State: IL Zip: 60604-2980Cc	
		. <u>007</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 3 Day of April, 2025 at 4:10:58 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>AGNES KRUPA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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