

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000004646

**Entity Name:** KIN INSURANCE NETWORK DISTRIBUTOR, LLC

**Current Principal Place of Business:**

222 MERCHANDISE MART PLAZA  
SUITE 228  
CHICAGO, IL 60654

**Current Mailing Address:**

222 MERCHANDISE MART PLAZA  
SUITE 228  
CHICAGO, IL 60654 US

**FEI Number:** 83-2163756

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MEMBER
Name	HARPER, SEAN	Name	KIN INSURANCE, INC.
Address	222 MERCHANDISE MART PLAZA SUITE 228	Address	222 MERCHANDISE MART PLAZA SUITE 228
City-State-Zip:	CHICAGO IL 60654	City-State-Zip:	CHICAGO IL 60654

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SACHIN ADARKAR

**SECRETARY**

**04/13/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date