

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000004646

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

**Current Principal Place of Business:**

55 W MONROE ST, STE 2200  
CHICAGO, IL 60603

**Current Mailing Address:**

55 W MONROE ST, STE 2200  
CHICAGO, IL 60603 US

**FEI Number:** 83-2163756

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AUTHORIZED REPRESENTATIVE  
Name HARPER, SEAN  
Address 55 W MONROE ST, STE 2200  
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE  
Name WARD, LUCAS  
Address 55 W MONROE ST, STE 2200  
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE  
Name COHEN, JOSH  
Address 55 W MONROE ST, STE 2200  
City-State-Zip: CHICAGO IL 60603

Title MBR  
Name KIN INSURANCE, INC.  
Address 55 W MONROE ST, STE 2200  
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE  
Name CONLIN, ANGEL  
Address 55 W MONROE ST, STE 2200  
City-State-Zip: CHICAGO IL 60603

*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:** JOSH COHEN

**AUTHORIZED  
REPRESENTATIVE**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date