

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000015554

**Entity Name:** HARGROVE INSURANCE AGENCY, LLC**Current Principal Place of Business:**2605 INTERSTATE DRIVE  
HARRISBURG, PA 17110**Current Mailing Address:**1445 ROSS AVENUE  
C/O LEGAL DEPT., INTEGRITY MARKETING GROUP, LLC 40TH FLOOR  
DALLAS, TX 75202 US**FEI Number:** 46-2092005**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:** KIM LEONARD, ASST. SECRETARY

02/02/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER
Name	RITTER INSURANCE MARKETING, LLC
Address	2605 INTERSTATE DRIVE
City-State-Zip:	HARRISBURG PA 17110

Title	ASSISTANT SECRETARY
Name	MCQUEEN , DUNCAN W.
Address	1445 ROSS AVENUE 40TH FLOOR
City-State-Zip:	DALLAS TX 75202

Title	CEO
Name	ADAMS , BRYAN W.
Address	1445 ROSS AVENUE 40TH FLOOR
City-State-Zip:	DALLAS TX 75202

Title	PRESIDENT
Name	RITTER , CRAIG J.
Address	2605 INTERSTATE DRIVE
City-State-Zip:	HARRISBURG PA 17110

Title	SECRETARY
Name	ROTHMAN , JAYNE
Address	1445 ROSS AVENUE 40TH FLOOR
City-State-Zip:	DALLAS TX 75202

*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:** DUNCAN W. MCQUEEN

ASSISTANT SECRETARY 02/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date