2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2015
Secretary of State
CC3658946975

DOCUMENT# L08000117094

Entity Name: PEOPLES FIRST INSURANCE SERVICES, LLC

Current Principal Place of Business:

1002 WEST 23RD STREET
SUITE 130
PANAMA CITY, FL 32405

Current Mailing Address:

1002 WEST 23RD STREET
SUITE 130
PANAMA CITY, FL 32405

FEI Number: 26-4423801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART, DIANE
1002 WEST 23RD STREET
SUITE 130
PANAMA CITY, FL 32405 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	MGRM	Title	SVP
Name	CHAPMAN, KRISTIAN BPRES	Name	PENNY, DANIELLE M
Address	1002 W. 23RD ST. SU 130	Address	1002 W. 23RD ST., SU 130
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405
Title	VP	Title	MEMB
Name	STEWART, DIANE	Name	CHAPMAN, JOSEPH FIII
Address	1002 W. 23RD ST. SU 130	Address	1002 WEST 23RD STREET
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405
Title	MEMB	Title	MEMB
Name	CHAPMAN, DAVID	Name	CHAPMAN-CLEMO, MARY MARIE E
Address	1002 WEST 23RD STREET	Address	1002 WEST 23RD STREET
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405

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: DIANE STEWART VICE PRESIDENT 03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date