

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500006310

**Entity Name:** COMMUNITY FINANCIAL INSURANCE CENTER, L.L.C.

**Current Principal Place of Business:**

2201 FORSYTHE AVE  
MONROE, LA 71201

**Current Mailing Address:**

P O DRAWER 2006  
MONROE, LA 71201 US

**FEI Number: 86-1109226**

**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 PCEO  
Name MONTGOMERY, AYLMER E III  
Address 3806 DEBORAH DR  
City-State-Zip: MONROE LA 71201

Title CHIEF UNDERWRITING OFFICER  
Name GOLSON, KRISTINE S  
Address 2808 PARGOUD BLVD  
City-State-Zip: MONROE LA 71201

Title CFO  
Name MOUK, JEFFREY O  
Address 1401 EMERSON ST  
City-State-Zip: MONROE LA 71201

Title CHIEF TECHNOLOGY OFFICER  
Name MINTER, DARRYL L  
Address 1316 LECKIE RD  
City-State-Zip: EROS LA 71238

Title CHIEF COMPLIANCE OFFICER  
Name SMITH, KATHY P  
Address 141 BARBARA DR  
City-State-Zip: MONROE LA 71203

Title SRVP  
Name BULLOCH, BRUCE W  
Address 174 COMAHCHE TRAIL  
City-State-Zip: WEST MONROE LA 71291

Title ACCOUNTING MANAGER  
Name STEVENS, ALISSA  
Address 2201 FORSYTHE AVE  
City-State-Zip: MONROE LA 71201

*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: ALISSA STEVENS**

**ACCOUNTING MANAGER 03/16/2017**

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

\_\_\_\_\_  
Date