

2018 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	Title	CHIEF UNDERWRITING OFFICER
Name	MONTGOMERY, AYLMEER E III	Name	GOLSON, KRISTINE S
Address	3806 DEBORAH DR	Address	2808 PARGOUD BLVD
City-State-Zip:	MONROE LA 71201	City-State-Zip:	MONROE LA 71201

Title	CFO	Title	CHIEF TECHNOLOGY OFFICER
Name	MOUK, JEFFREY O	Name	MINTER, DARRYL L
Address	1401 EMERSON ST	Address	1316 LECKIE RD
City-State-Zip:	MONROE LA 71201	City-State-Zip:	EROS LA 71238

Title	CHIEF COMPLIANCE OFFICER	Title	SRVP
Name	SMITH, KATHY P	Name	BULLOCH, BRUCE W
Address	141 BARBARA DR	Address	174 COMAHCHE TRAIL
City-State-Zip:	MONROE LA 71203	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 03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date