

2016 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 05/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date