

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000005784

Entity Name: HOLMAN INSURANCE SERVICES, LLC

Current Principal Place of Business:

244 EAST KINGS HIGHWAY
MAPLE SHADE, NJ 08052

Current Mailing Address:

244 EAST KINGS HIGHWAY
MAPLE SHADE, NJ 08052 US

FEI Number: 81-1085620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES 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, ASSISTANT SECRETARY

10/05/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CD
Name HOLMAN, MELINDA K
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title D
Name ORTELL, CARL A
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title P
Name DURDIN, STEVEN P
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title D
Name BATES, BRIAN R
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title D, AS
Name MULLIN, KATHERINE A
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

Title T, VP
Name HORWITH, BRIAN K
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title S
Name NEWELL, MATTHEW E.
Address 17800 S.E. MILL PLAIN BLVD
City-State-Zip: VANCOUVER WA 98683

Title VICE PRESIDENT
Name BARTHOLOMEW, ROBERT
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Continues on page 2

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: KATHERINE A. MULLIN

ASSISTANT SECRETARY

10/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name WILSON, BRYAN M
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title ASSISTANT TREASURER
Name SWAMY, NAVDEEP NARAYANA
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title VICE PRESIDENT-FINANCE
Name HURREN, CHRISTOPHER S.
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title MEMBER
Name HOLMAN ENTERPRISES, INC.
Address 244 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052