

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005784

**FILED**  
**May 02, 2019**  
**Secretary of State**  
**3114402001CC**

**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**

**05/02/2019**

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

*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**

**ASST. SECRETARY**

**05/02/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date