

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005784

Entity Name: HOLMAN INSURANCE SERVICES, LLC**Current Principal Place of Business:**444 EAST KINGS HIGHWAY
MAPLE SHADE, NJ 08052**Current Mailing Address:**444 EAST KINGS HIGHWAY
MAPLE SHADE, NJ 08052 US**FEI Number: 81-1085620****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE, 1ST FLOOR
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CD
Name HOLMAN, MELINDA K
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title DCEO
Name ORTELL, CARL A
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title P
Name CARISS, WILLIAM J
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title VP
Name GARDNER, GLENN A
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title VP
Name DURDIN, STEVE
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title T
Name HORWITH, BRIAN
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title DAT
Name BATES, BRIAN
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title DS
Name MULLIN, KATHERINE
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

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: STEVE DURDIN**VICE PRESIDENT****06/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date