

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005784

**FILED**  
**Feb 26, 2024**  
**Secretary of State**  
**0555965591CC**

**Entity Name:** HOLMAN INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

244 E. KINGS HIGHWAY  
MAPLE SHADE, NJ 08052

**Current Mailing Address:**

244 E. 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

02/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name MULLIN, KATHERINE A.  
Address 4001 LEADENHALL ROAD,  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name BIER, ADAM  
Address 1064 GARDNER ROAD  
SUITE 113  
City-State-Zip: CHARLESTON SC 29407

Title MANAGER  
Name . HORWITH, BRIAN K.  
Address 4001 LEADENHALL ROAD,  
City-State-Zip: MOUNT LAUREL NJ 08054

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

Title MANAGER  
Name WHITE, ROBERT L.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MT. LAUREL NJ 08054

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

Title MANAGER  
Name NEWELL, MATTHEW E.  
Address 17800 S.E. MILL PLAIN BOULEVARD,  
SUITE 100  
City-State-Zip: VANCOUVER WA 98683

Title MANAGER  
Name HURREN, CHRISTOPHER S.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

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*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:** MATTHEW E. NEWELL

**AUTHORIZED PERSON**

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           CONROY, CHRISTOPHER G.  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

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