

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005784

FILED
Apr 16, 2020
Secretary of State
4814186642CC

Entity Name: HOLMAN INSURANCE SERVICES, LLC

Current Principal Place of Business:

444 KINGS HIGHWAY
MAPLE SHADE, NJ 08052

Current Mailing Address:

444 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

04/16/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

Title VP
Name HURREN, CHRISTOPHER S
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

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

Title VP, TREASURER
Name HORWTH, BRIAN K
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

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

Title ASST. SECRETARY
Name SWAMY, NAV N
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

ASST SECRETARY

04/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SECRETARY
Name NEWELL, MATTHEW E
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

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

Title ASST. SECRETARY, DIRECTOR
Name MULLIN, KATHERINE A
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

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