

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001601

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.

**Current Principal Place of Business:**

21650 OXNARD STREET  
SUITE 1825  
WOODLAND HILLS, CA 91367

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 130  
CEDAR CITY, UT 84721

**New Mailing Address:**

**FEI Number:** 95-4211011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: UTTERBACK, CHRIS  
Address: 216 S 200 W  
City-St-Zip: CEDAR CITY, UT 84720

Title: SEC  
Name: KENNEY, MARK G  
Address: 44 W HARDING AVE  
City-St-Zip: CEDAR CITY, UT 84720

Title: TREA  
Name: CALLISTER, JOE M  
Address: 216 S 200 W  
City-St-Zip: CEDAR CITY, UT 84720

Title: CONT  
Name: MOLLER, KAT  
Address: 465 S 400 E #300  
City-St-Zip: SALT LAKE CITY, UT 84111

Title: DIR  
Name: LEAVITT, ERIC O  
Address: 216 S 200 W  
City-St-Zip: CEDAR CITY, UT 84720

Title: DIR  
Name: BLAICH, KENNETH  
Address: 21650 OXNARD ST., STE 1825  
City-St-Zip: WOODLAND HILLS, CA 91367

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK G KENNEY

SEC

04/11/2012

Electronic Signature of Signing Officer or Director

Date