

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001601

Entity Name: LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.**Current Principal Place of Business:**21820 BURBANK BLVD
SUITE 300
WOODLAND HILLS, CA 91367**Current Mailing Address:**PO BOX 130
CEDAR CITY, UT 84721**FEI Number:** 95-4211011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS 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:** VIKKI SAETEURN

04/03/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES/DIR
Name LONGHURST, BRACKEN
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721

Title SEC
Name KENNEY, MARK G
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721

Title TREA
Name DOWELL, MATT
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721

Title VP/DIR
Name BLAICH, KENNETH
Address 21820 BURBANK BLVD
SUITE 300
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name SMITH, VANCE K
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721

Title DIRECTOR
Name LEAVITT, ERIC
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721

Title SR EXEC VP / DIRECTOR
Name FRANKEL, TERI S
Address 21820 BURBANK BLVD
SUITE 300
City-State-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

SECRETARY

04/03/2022

Electronic Signature of Signing Officer/Director Detail

Date