

**2023 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

04/04/2023

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

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date