

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001601

**Entity Name:** LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.**Current Principal Place of Business:**21650 OXNARD STREET  
SUITE 1825  
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

03/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P/D
Name	UTTERBACK, CHRIS
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720
Title	TREA
Name	DOWELL, MATT
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720
Title	VP/DIR
Name	BLAICH, KENNETH
Address	21650 OXNARD STREET SUITE 1825
City-State-Zip:	WOODLAND HILLS CA 91367
Title	DIRECTOR
Name	LEAVITT, ERIC O
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720

Title	SEC
Name	KENNEY, MARK G
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720
Title	VP/DIR
Name	RUSS, MARK
Address	21650 OXNARD STREET SUITE 1825
City-State-Zip:	WOODLAND HILLS CA 91367
Title	DIRECTOR
Name	SMITH, VANCE K
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720

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**

03/14/2014

Electronic Signature of Signing Officer/Director Detail

Date