

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002848

Entity Name: INSURANCEHUB LEAVITT AGENCY, INC.**Current Principal Place of Business:**1720 LAKES PKWY
LAWRENCEVILLE, GA 30043**Current Mailing Address:**PO BOX 130
CEDAR CITY, UT 84721-0135 US**FEI Number:** 58-1712006**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, DIRECTOR
Name DALLEY, CAYLOR J.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title SECRETARY
Name GRADY, KEVIN P.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name SMITH, VANCE K.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title PRESIDENT, DIRECTOR
Name LLOYD, JAMES
Address 1720 LAKES PKWY
City-State-Zip: LAWRENCEVILLE GA 30043

Title VP, DIRECTOR
Name VICKERS, CHRISTOPHER
Address 1720 LAKES PKWY
City-State-Zip: LAWRENCEVILLE GA 30043

Title VP
Name PLAISTED, NANCY
Address 1720 LAKES PKWY
City-State-Zip: LAWRENCEVILLE GA 30043

Title TREASURER
Name WARNER, PHILLIP J.
Address ATTN: DAYE BEARNSON
PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name LEAVITT, ERIC O.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

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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: ROCKY HALLOWS**ASST. SECRETARY****04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	HALLOWS, ROCKY
Address	PO BOX 130
City-State-Zip:	CEDAR CITY UT 84721-0135