

**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