

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002848

**Entity Name:** THE LEAVITT INSURANCE GROUP OF ATLANTA, INC.**Current Principal Place of Business:**2200 CENTURY PARKWAY  
SUITE 410  
ATLANTA, GA 30345**Current Mailing Address:**PO BOX 130  
CEDAR CITY, UT 84721 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 OFFICER, DIRECTOR, TREASURER  
Name JENSEN, JAKE  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title VP  
Name BALLTRIP, STEVEN  
Address 192 WOODRIDGE DRIVE  
City-State-Zip: SPARTANBURG SC 92301

Title DIRECTOR  
Name SMITH, VANCE K  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title PRESIDENT, DIRECTOR  
Name BRIDGES, DAVID L  
Address 2200 CENTURY PARKWAY  
SUITE 410  
City-State-Zip: ATLANTA GA 30345

Title SECRETARY  
Name KENNEY, MARK G  
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****03/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date