

2021 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 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

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****04/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date