

**2015 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	CEO, DIRECTOR
Name	UTTERBACK, CHRIS
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	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****03/06/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date