

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004838

**Entity Name:** FRANCHISE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

570 POLARIS PKWY  
STE 450  
WESTERVILLE, OH 43082

**Current Mailing Address:**

ATTN: DAYE BEARNSON  
PO BOX 130  
CEDAR CITY, UT 84721-0135 US

**FEI Number: 31-1463095**

**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            PRESIDENT, DIRECTOR  
Name            SMITH, ROBERT L  
Address        570 POLARIS PKWY  
                  STE 450  
City-State-Zip: WESTERVILLE OH 43082

Title            CEO, DIRECTOR  
Name            SLACK, BRACK  
Address        ATTN: DAYE BEARNSON  
                  PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title            CHAIRMAN  
Name            SMITH, VANCE K  
Address        ATTN: DAYE BEARNSON  
                  PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title            SECRETARY  
Name            KENNEY, MARK G  
Address        ATTN: DAYE BEARNSON  
                  PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title            TREASURER  
Name            LEWIS, BARBARA  
Address        560 S 300 E  
City-State-Zip: SALT LAKE CITY UT 84111

Title            VP, DIRECTOR  
Name            MOLINO, SCOTT  
Address        4200 HOOVER RD.  
                  SUITE A  
City-State-Zip: GROVE CITY OH 43123

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

*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**

**04/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date