

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003789

**Entity Name:** ARCHIBALD INSURANCE CENTER, INC.

**Current Principal Place of Business:**

135 W MAIN  
REXBURG, ID 83440

**FILED**  
**Apr 06, 2024**  
**Secretary of State**  
**9708608647CC**

**Current Mailing Address:**

PO BOX 130  
CEDAR CITY, UT 84721-0135 US

**FEI Number: 82-0408012**

**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 CHAIRMAN  
Name SMITH, VANCE K.  
Address 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

Title VP, DIRECTOR  
Name COTTLE, AARON  
Address 135 W MAIN  
City-State-Zip: REXBURG ID 83440

Title S  
Name GRADY, KEVIN P.  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title PRESIDENT, DIRECTOR  
Name LONGHURST, BRACKEN  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title VP, DIRECTOR  
Name LUND, MARK  
Address 120 WEST CACHE VALLEY BLVD.  
City-State-Zip: LOGAN UT 84321

Title VP, DIRECTOR  
Name PETERSEN, ERIC  
Address 2200 S. MAIN ST.  
City-State-Zip: SALT LAKE CITY UT 84115

Title VP, DIRECTOR  
Name HOUGHTON, CALEB  
Address 2200 S. MAIN ST.  
City-State-Zip: SALT LAKE CITY UT 84115

**Continues on page 2**

*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. CORP. SECRETAR 04/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name VANDENBURG, MICHAEL  
Address 6220 N DISCOVERY WAY  
STE 100  
City-State-Zip: BOISE ID 83713

Title VP, DIRECTOR  
Name HILLMAN, ALYCE  
Address 6220 N DISCOVERY WAY  
SUITE 100  
City-State-Zip: BOISE ID 83401

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

Title DIRECTOR  
Name DALLEY, CAYLOR J.  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title ASST. CORP. SECRETARY  
Name HALLOWS, ROCKY  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title VP, DIRECTOR  
Name SEYMOUR, MARK TYLER  
Address 677 S. WOODRUFF AVE  
City-State-Zip: IDAHO FALLS ID 83401

Title DIRECTOR  
Name BARNEY, SCOTT  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR  
Name CALLISTER, JOSEPH  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR  
Name SUMAN, GREG  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135