2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001878

FILED Jun 25, 2009 Secretary of State

Entity Name: LEAVITT BENEFIT INSURANCE SERVICES OF SOUTHERN CALIFORNIA, INC.

	rincipal Plac	e of Business:	New Prince	cipal Place of Business:	
	FECITO DRIVI , CA 92879	E SUITE 202			
urrent N	lailing Addre	ss:	New Maili	ng Address:	
	FECITO DRIVI , CA 92879	E SUITE 202			
El Number	: 26-1355451	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 3012525 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or	both,
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
lection Ca	mpaign Financir	ng Trust Fund Contribution ().			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK G KENNEY S 06/25/2009