

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005216

Entity Name: LEAVITT INSURANCE SERVICES OF SOUTHERN CALIFORNIA, INC.**FILED**
Feb 26, 2016
Secretary of State
CC1423392385**Current Principal Place of Business:**1820 EAST 1ST STREET
SUITE 500
SANTA ANA, CA 92705**Current Mailing Address:**PO BOX 130
CEDAR CITY, UT 84721**FEI Number: 11-3714867****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	P/DIR
Name	LONGHURST, BRACKEN
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720

Title	VP/DIR
Name	MONAHAN, DENNIS
Address	1820 E 1ST ST SUITE 500
City-State-Zip:	SANTA ANA CA 92705

Title	VP/DIR
Name	MAROUTSOS, ANGELO
Address	1820 E 1ST ST SUITE 500
City-State-Zip:	SANTA ANA CA 92705

Title	VP/DIR
Name	WELLS, GARY
Address	1820 EAST 1ST ST SUITE 500
City-State-Zip:	SANTA ANA CA 92705

Title	SEC
Name	KENNEY, MARK G
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720

Title	TRES/DIR
Name	FOY, MICHAEL
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720

Title	DIR
Name	LEAVITT, ERIC O
Address	216 S 200 W
City-State-Zip:	CEDAR CITY UT 84720

Title	DIR
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****02/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date