

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005216

Entity Name: LEAVITT INSURANCE SERVICES OF SOUTHERN CALIFORNIA, INC.**FILED**
Apr 24, 2018
Secretary of State
CC4352220309**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	DIRECTOR, VP, SECRETARY
Name	ALBRIGHT , JOHN
Address	300 N. LASALLE STREET 17TH FLOOR
City-State-Zip:	CHICAGO IL 60654

Title	DIRECTOR
Name	HUGHES, MARTIN
Address	300 N. LASALLE STREET 17TH FLOOR
City-State-Zip:	CHICAGO IL 92705

Title	DIRECTOR
Name	DEVRIES, KENNETH S
Address	300 N. LASALLE STREET 17TH FLOOR 17TH FLOOR
City-State-Zip:	CHICAGO IL 60654

Title	PRESIDENT
Name	CHRIST , KIRK
Address	300 N. LASALLE STREET 17TH FLOOR
City-State-Zip:	CHICAGO IL 60654

Title	VP
Name	HUTCHINSON, JULIE
Address	300 N. LASALLE STREET 17TH FLOOR
City-State-Zip:	CHICAGO IL 60654

Title	TREASURER
Name	GALLANIS, MICHAEL A
Address	300 N. LASALLE STREET 17TH FLOOR
City-State-Zip:	CHICAGO IL 60654

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: JULIE HUTCHINSON**VICE PRESIDENT****04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date