

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005378

**Entity Name:** KOTY-LEAVITT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6992 E BROADWAY BLVD  
TUCSON, AZ 85710

**Current Mailing Address:**

500 W. MADISON STREET  
32ND FLOOR  
CHICAGO, IL 60661 US

**FEI Number:** 86-0660867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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, S, T  
Name MOO, VERONICA  
Address 340 MADISON AVENUE  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10173

Title D  
Name SCHNEIDER, BRETT  
Address 340 MADISON AVENUE  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10173

Title D  
Name MOO, VERONICA  
Address 340 MADISON AVENUE  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10173

Title D  
Name O'MALLEY, EDWARD  
Address 1250 CAPITAL OF TEXAS HWY S  
BLDG. 2  
City-State-Zip: AUSTIN TX 78746

*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:** VERONICA MOO

**PRESIDENT**

**04/11/2023**

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

\_\_\_\_\_  
Date