

No. C 202196		Due no later than May 31, 2018 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  LEAVITT INSURANCE AGENCY OF CENTRAL UTAH, INC. KATIE BEARNSON 216 S 200 W CEDAR CITY UT 84720		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	VANCE K SMITH	216 S 200 W	CEDAR CITY	UT	USA	84720	
PRESIDENT	BRENT SLACK	465 S 400 E STE 300	SALT LAKE CITY	UT	USA	84111	
VICE PRESIDENT	MIKE BRODERICK	96 S MAIN, STE 6	EPHRAIM	UT	USA	84627	
VICE PRESIDENT	MICHAEL VOWLES	199 N MAIN	SPANISH FORK	UT	USA	84660	
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA	84720	
TREASURER	SCOTT BARNEY	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	BRENT SLACK	465 S 400 E STE 300	SALT LAKE CITY	UT	USA	84111	
DIRECTOR	MIKE BRODERICK	96 S MAIN, STE 6	EPHRAIM	UT	USA	84627	
DIRECTOR	MICHAEL VOWLES	199 N MAIN	SPANISH FORK	UT	USA	84660	
VICE PRESIDENT	ROBB EVANS	96 S MAIN, STE. 6	EPHRAIM	UT	USA	84627	
DIRECTOR	SCOTT BARNEY	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	ROBB EVANS	96 S MAIN, STE 6	EPHRAIM	UT	USA	84627	
5. Organized Under the Laws of:  <b>UT C 202196</b>		6. Annual Report must be signed.*  Signature: Katie Bearnson Name (type or print): Katie Bearnson  Date: 03/26/2018 Title: Compliance Specialist					
Processed 03/26/2018		* Electronically provided signatures are accepted as original signatures.					