

No. C 202196		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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:		6. Annual Report must be signed.*				
UT C 202196		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.				