No. C 198914		Due no later than Jun 30, 2016		2. Registered Age	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 GROUP OF ATLANTA, INC. (THE) TWILA BRINKERHOFF 216 S 200 W CEDAR CITY UT 84720		12550 W EXPL	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
4. Corporations: Enter	Names and Busine	ess Addresses o	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	VANCE K SN	ИITH	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	JAKE JENSEN	N	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	DAVID L BR	IDGES	2200 CENTURY PARKWAY SUITE 4	10 ATLANTA	GΑ	USA	30345	
PRESIDENT	DAVID L BR	IDGES	2200 CENTURY PARKWAY SUITE 4	10 ATLANTA	GΑ	USA	30345	
VICE PRESIDENT	STEVEN BALLTRIP		192 WOODRIDGE DRIVE	SPARTANBURG	NC	USA	92301	
SECRETARY	MARK G KENNEY		216 S 200 W	CEDAR CITY	UT	USA	84720	
TREASURER JAKE JENSE		N.	216 S 200 W	CEDAR CITY	UT	USA	84720	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
GA		Signature: TWILA BRINKERHOFF		Date: 04/26/20	Date: 04/26/2016			
C 198914		Name (type or print): TWILA BRINKERHOFF			Title: ADMINISTRATIVE ASSISTANT			
Processed 04/26/2016		* Flootwanianlly	provided signatures are accepted as original:	sianatuusa				