

No. <b>C 198914</b>		<b>Due no later than Jun 30, 2015</b> <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>		<b>1. Mailing Address: Correct in this box if needed.</b>  LEAVITT INSURANCE GROUP OF ATLANTA, INC. (THE) TWILA BRINKERHOFF 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	VANCE K SMITH	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	CHRIS UTTERBACK	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	DAVID L BRIDGES	2200 CENTURY PARKWAY SUITE 410	ATLANTA	GA	USA	30345	
PRESIDENT	DAVID L BRIDGES	2200 CENTURY PARKWAY SUITE 410	ATLANTA	GA	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 JENSEN	216 S 200 W	CEDAR CITY	UT	USA	84720	
5. Organized Under the Laws of:  <b>GA</b> <b>C 198914</b>		6. Annual Report must be signed.*  Signature: TWILA BRINKERHOFF Name (type or print): TWILA BRINKERHOFF					
		Date: 04/21/2015 Title: ADMINISTRATIVE ASSISTANT					
Processed 04/21/2015		* Electronically provided signatures are accepted as original signatures.					