No. <b>C 202196</b>		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  LEAVITT INSURANCE AGENCY OF CENTRAL UTAH, INC.  TWILA BRINKERHOFF  216 S 200 W  CEDAR CITY UT 84720		12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. New Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of I	President, Secretary, and Directors. Treasure	r (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	UΤ	USA	84111
VICE PRESIDENT	MIKE BRODERICK		96 S MAIN, STE 6	EPHRAIM	UT	USA	84627
VICE PRESIDENT	NT 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	TOR MIKE BRODERICK		96 S MAIN, STE 6	EPHRAIM	UT	USA	84627
DIRECTOR	MICHAEL VC	OWLES	199 N MAIN	SPANISH FORK	UΤ	USA	84660
5. Organized Under the Laws of: 6. Ann		6. Annual Report	. Annual Report must be signed.*				
UT		Signature: TWILA BRINKERHOFF		Date: 03/23/2016			
C 202196		Name (type or print): TWILA BRINKERHOFF		Title: ADMINISTRATIVE ASSISTANT			
Processed 03/23/2016		* Electronically pr	ovided signatures are accepted as original sig	gnatures.			