

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001082

**Entity Name:** FARMER-ORTH-LEAVITT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

919 N 1ST ST.  
PHOENIX, AZ 85004

**Current Mailing Address:**

216 S 200 W.  
CEDAR CITY, UT 84720 US

**FEI Number: 86-0648692**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CP  
Name LONGHURST, BRACKEN  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84702

Title VC  
Name LEAVITT, ERIC  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84702

Title VPD  
Name FARMER, JIM  
Address 919 N 1ST ST.  
City-State-Zip: PHOENIX AZ 85004

Title VP, D  
Name WOODS, TIM  
Address 919 N 1ST ST.  
City-State-Zip: PHOENIX AZ 85004

Title S  
Name KENNEY, MARK G  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title T  
Name LEAVITT, MIKE  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK G KENNEY**

**SECRETARY**

**04/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date