

2022 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:

ATTN: DAYE BEARNSON
PO BOX 130
CEDAR CITY, UT 84721-0135 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 CEO, DIRECTOR
Name LONGHURST, BRACKEN
Address ATTN: DAYE BEARNSON
PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name LEAVITT, ERIC
Address ATTN: DAYE BEARNSON
PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title VP, DIRECTOR
Name FARMER, JAMES
Address 919 N 1ST ST.
City-State-Zip: PHOENIX AZ 85004

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

Title SECRETARY
Name KENNEY, MARK G
Address ATTN: DAYE BEARNSON
PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

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

Title TREASURER
Name HARDMAN, JAKE
Address ATTN: DAYE BEARNSON
PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

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

04/02/2022

Electronic Signature of Signing Officer/Director Detail

Date