

**2024 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:**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 PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

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

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

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

Title SECRETARY  
Name GRADY, KEVIN P.  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

Title T  
Name HARDMAN, JAKE  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

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

Title ASST. SECRETARY  
Name HALLOWS, ROCKY  
Address PO BOX 130  
City-State-Zip: CEDAR CITY UT 84721-0135

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*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: ROCKY HALLOWS****ASST. SECRETARY****04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 SMITH, VANCE K.  
Address             PO BOX 130  
City-State-Zip:   CEDAR CITY UT 84721-0135

Title                   DIRECTOR  
Name                 DALLEY, CAYLOR J.  
Address             PO BOX 130  
City-State-Zip:   CEDAR CITY UT 84721-0135