

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213537630

1.) CORPORATION NAME:

PrideMark-Everest Insurance Services, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1683319**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1820 E FIRST ST STE 500

CITY/ST/ZIP: SANTA ANA, CA 92705

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CHRIS UTTERBACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	216 S 200 W		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		

NAME:	WILLIAM HOLDREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1820 E FIRST ST STE 500		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	ANGELO MAROUTSOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1820 E FIRST ST STE 500		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	GARY WELLS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1820 E FIRST ST STE 500		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	BRETT BORISOFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1820 E FIRST ST STE 500		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	ERIC O LEAVITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	216 S 200 W		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		

NAME: MARK G KENNEY TITLE: SECRETARY ADDRESS: 44 W HARDING AVE CITY/ST/ZIP/CO: CEDAR CITY, UT 84720	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DANE O LEAVITT TITLE: DIRECTOR ADDRESS: 216 S 200 W CITY/ST/ZIP/CO: CEDAR CITY, UT 84720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK G KENNEY	MARK G KENNEY, SECRETARY	8/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.