

1.) CORPORATION NAME:

LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI PARACORP INCORPORATED**
12610 LAKE NORMANDY LN
FAIRFAX, VA 22030

DUE DATE: **3/31/2011**

SCC ID NO: **F1819376**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12650 OXNARD STREET SUITE 1825

CITY/ST/ZIP: WOODLAND HILLS, CA 91367-

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: DOUGLAS D FYFE
 TITLE: SR EXEC VP
 ADDRESS: 21650 OXNARD STREET SUITE 1825
 CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91367-

OFFICER

DIRECTOR

NAME: CHRIS UTTERBACK
 TITLE: PRESIDENT
 ADDRESS: 216 S 200 W
 CITY/ST/ZIP/CO: CEDAR CITY, UT 84720-

OFFICER

DIRECTOR

NAME: MARK G KENNEY
 TITLE: SECRETARY
 ADDRESS: 216 S 200 E
 CITY/ST/ZIP/CO: CEDAR CITY, UT 84720-

OFFICER

DIRECTOR

NAME: ERIC O LEAVITT
 TITLE: CHAIRMAN
 ADDRESS: 216 S 200 W
 CITY/ST/ZIP/CO: CEDAR CITY, UT 84720-

OFFICER

DIRECTOR

NAME: JOSEPH C CALLISTER
 TITLE: TREASURER
 ADDRESS: 216 S 200 W
 CITY/ST/ZIP/CO: CEDAR CITY, UT 84720-

OFFICER

DIRECTOR

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.

<u>/s/ JOSEPH C CALLISTER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOSEPH C CALLISTER, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>5/3/2011</u> DATE
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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.