

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214503790

1.) CORPORATION NAME:

**Risk Services of Louisiana, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1888280**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**LA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6425 YOUREE DR STE 550

CITY/ST/ZIP: SHREVEPORT, LA 71105

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:	CHARLES NORTHERN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6425 YOUREE DR STE 550		
CITY/ST/ZIP/CO:	SHREVEPORT, LA 71105		

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

NAME:	GREG L GATES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2900 PALO ALTO DRIVE NE		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87112		

NAME:	JOE B CALLAWAY JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6425 YOUREE DR STE 550		
CITY/ST/ZIP/CO:	SHREVEPORT, LA 71105		

NAME:	MARK G KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	216 S 200 W		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANE O LEAVITT DIRECTOR 216 S 200 W CEDAR CITY, UT 84720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.			
/s/ MARK G KENNEY	MARK G KENNEY, SECRETARY	1/14/2014	
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.			