

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90157 037 ***150.00

DOCUMENT # 306726

1. Entity Name

SOUTHERN SECURITY LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

755 RINEHART RD.
 PO BOX 958402
 LAKE MARY FL 32795-5402

755 RINEHART RD.
 PO BOX 958402
 LAKE MARY FL 32795-8402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1231733**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DAVID C
755 RINEHART RD
LAKE MARY 32746-5402

Name *Stephen M. Siler*

Street Address (P.O. Box Number is Not Acceptable)

755 Rinehart Rd

City *Lake Mary*

FL

Zip Code *32746-5402*

8. 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 *Stephen M. Siler*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P QUIST, GEORGE R**
 STREET ADDRESS **4491 WANDER LN**
 CITY-ST-ZIP **SALT LK CITY UT 84117**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VS SARGENT, WILLIAM C**
 STREET ADDRESS **4974 HOLLIDAY BLVD**
 CITY-ST-ZIP **SALT LK CITY UT 84117**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T QUIST, SCOTT M**
 STREET ADDRESS **7 WANDERWOOD WAY**
 CITY-ST-ZIP **SANDY UT 84092**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MOODY, HOWARD C**
 STREET ADDRESS **1782 E FAUNSDALE DR**
 CITY-ST-ZIP **SANDY UT 84092**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CRITTENDEN, CHARLES L**
 STREET ADDRESS **2334 FILMORE AVE**
 CITY-ST-ZIP **OGDEN UT 84401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LOWE, SHERMAN B**
 STREET ADDRESS **2197 S 21 ST E.**
 CITY-ST-ZIP **SALT LK CITY UT 84109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen M. Siler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

Daytime Phone #

CR2E034 (9/99)