

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004485

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** SENTINEL SECURITY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2121 S STATE ST  
SALT LAKE CITY, UT 84115

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 65478  
SALT LAKE CITY, UT 84165

**New Mailing Address:**

**FEI Number:** 87-0207762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BARTLETT, THOMAS  
Address: 2121 S STATE ST  
City-St-Zip: SALT LAKE CITY, UT 84115

Title: VCP  
Name: TATE, EARL L  
Address: 2121 S STATE ST  
City-St-Zip: SALT LAKE CITY, UT 84115

Title: DS  
Name: GRIMM, EDWARD M  
Address: 2121 S STATE ST  
City-St-Zip: SALT LAKE CITY, UT 84115

Title: VPT  
Name: ACKER, G. DANIEL  
Address: 2121 S STATE ST  
City-St-Zip: SALT LAKE CITY, UT 84115

Title: D  
Name: LINDQUIST, CHARLES W  
Address: 2121 S STATE ST  
City-St-Zip: SALT LAKE CITY, UT 84115

Title: D  
Name: WING, LENARD A  
Address: 118 E MAIN ST  
City-St-Zip: LEHI, UT 84043

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: G. DANIEL ACKER

VPT

04/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date