


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004854
 1. Entity Name
 SECURITY NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
 PO BOX 57007 PO BOX 57007
 SALT LAKE CITY, UT 84157-0007 SALT LAKE CITY, UT 84157-0007

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2610791	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	QUIST, GEORGE R
STREET ADDRESS	5300 S 360 W, STE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	PD
NAME	QUIST, SCOTT M
STREET ADDRESS	5300 S 360 W, STE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	VP
NAME	OLSON, DIANA C
STREET ADDRESS	5300 S 360 W, STE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	VS
NAME	QUIST, ROBERT
STREET ADDRESS	5300 S 360 W, STE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	D
NAME	BECKSTEAD, JACK L
STREET ADDRESS	5300 S 360 W, STE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	D
NAME	CRITTENDEN, CHARLES L
STREET ADDRESS	5300 S 360 W, STE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123

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 02/08/07-80024-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diana C. Olson **DIANA C. OLSON** 1-26-07 (801) 264-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT/CONTROLLER Date Daytime Phone #