

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004854

FILED
Apr 30, 2008
Secretary of State

Entity Name: SECURITY NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

PO BOX 57007
SALT LAKE CITY, UT 841570007

New Principal Place of Business:

5300 SOUTH 360 WEST
SALT LAKE CITY, UT 84123

Current Mailing Address:

PO BOX 57007
SALT LAKE CITY, UT 841570007

New Mailing Address:

FEI Number: 36-2610791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: QUIST, GEORGE R
Address: 5300 S 360 W, STE 200
City-St-Zip: SALT LAKE CITY, UT 84123

Title: PD () Delete
Name: QUIST, SCOTT M
Address: 5300 S 360 W, STE 200
City-St-Zip: SALT LAKE CITY, UT 84123

Title: VP () Delete
Name: OLSON, DIANA C
Address: 5300 S 360 W, STE 200
City-St-Zip: SALT LAKE CITY, UT 84123

Title: VS () Delete
Name: QUIST, ROBERT
Address: 5300 S 360 W, STE 200
City-St-Zip: SALT LAKE CITY, UT 84123

Title: D () Delete
Name: BECKSTEAD, JACK L
Address: 5300 S 360 W, STE 200
City-St-Zip: SALT LAKE CITY, UT 84123

Title: D () Delete
Name: CRITTENDEN, CHARLES L
Address: 5300 S 360 W, STE 200
City-St-Zip: SALT LAKE CITY, UT 84123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANA C. OLSON

VP

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date