

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004854**

1. Entity Name  
**SECURITY NATIONAL LIFE INSURANCE COMPANY**



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

Mailing Address  
**PO BOX 57007  
SALT LAKE CITY, UT 84157-0007**



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-2610791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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

U00000558512  
05/17/06-80098-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, VICE PRESIDENT** 4-18-06

(801) 264-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #