

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004485

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**4952404304CC**

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

**Current Principal Place of Business:**

1405 WEST 2200 SOUTH  
SALT LAKE CITY, UT 84119

**Current Mailing Address:**

1405 WEST 2200 SOUTH  
SALT LAKE CITY, UT 84119 US

**FEI Number:** 87-0207762

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name GRIMM, EDWARD M  
Address 1405 WEST 2200 SOUTH  
City-State-Zip: SALT LAKE CITY UT 84119

Title PRESIDENT, DIRECTOR  
Name KING, KENNETH  
Address 1405 WEST 2200 SOUTH  
City-State-Zip: SALT LAKE CITY UT 84119

Title VP  
Name MAUGHAN, MICHAEL  
Address 1405 WEST 2200 SOUTH  
City-State-Zip: SALT LAKE CITY UT 84119

*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:** GRIMM, EDWARD M.

**SECRETARY, DIRECTOR** 01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date