

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004854

FILED
Jan 20, 2020
Secretary of State
0863884334CC

Entity Name: SECURITY NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

121 W. ELECTION ROAD, SUITE 100
DRAPER, UT 84020

Current Mailing Address:

PO BOX 57220
SALT LAKE CITY, UT 84157-0220

FEI Number: 36-2610791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILL, GARRETT
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 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: GARRETT SILL

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD, DIRECTOR
Name QUIST, SCOTT M
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name OLSON, DIANA C
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title S
Name STEPHENS, JEFFREY
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title TREASURER, VP, CFO
Name SILL, GARRETT S
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR
Name COOK, JOHN L
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR
Name HUNTER, ROBERT G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR
Name MOODY, HOWARD CRAIG
Address 5300 SOUTH 360 WEST
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR
Name WILBUR, NORMAN G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

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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: DIANA C OLSON

VP/CONTROLLER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FULLER, GILBERT A
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR, VP
Name QUIST, SCOTT ANDREW
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP, ASST. TREASURER
Name TURNER, STEPHEN W
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name VAN VALKENBURG, JOHN W
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name RICHARDSON, JASON R
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR, VP
Name OVERBAUGH, JASON G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP, ASST. SECRETARY
Name QUIST, ADAM G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name OVERBAUGH, CHRISTIE Q
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name WINSTEAD, GUY V
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220