

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004854

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

**Current Principal Place of Business:**

433 ASCENSION WAY,  
SUITE 600  
SALT LAKE CITY, UT 84123

**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:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO, 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        P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

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

**Continues on page 2**

*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

VICE  
PRESIDENT/CONTROLL  
R

03/06/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title PRESIDENT, DIRECTOR  
Name QUIST, ADAM G  
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 QUIST, SCOTT ANDREW  
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