

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004854

FILED
Mar 25, 2013
Secretary of State
CC9423758967

Entity Name: SECURITY NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

5300 SOUTH 360 WEST
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 PD
Name QUIST, SCOTT M
Address 5300 S 360 W, STE 200
City-State-Zip: SALT LAKE CITY UT 84123

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

Title S
Name STEPHENS, JEFFREY
Address 5300 S 360 W, STE 200
City-State-Zip: SALT LAKE CITY UT 84123

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

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

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

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

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date