

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004854

**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:**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

01/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD, DIRECTOR  
Name QUIST, SCOTT M  
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 DIRECTOR  
Name COOK, JOHN L  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR  
Name MOODY, HOWARD CRAIG  
Address 5300 SOUTH 360 WEST  
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 TREASURER, VP, CFO  
Name SILL, GARRETT S  
Address PO BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR  
Name HUNTER, ROBERT G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR  
Name WILBUR, NORMAN G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

**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. OLSONVICE  
PRESIDENT/CONTROLLER

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FULLER, GILBERT A  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR, VP  
Name QUIST, SCOTT ANDREW  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP, ASST. TREASURER  
Name TURNER, STEPHEN W  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name VAN VALKENBURG, JOHN W  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name RICHARDSON, JASON R  
Address 5300 S. 360 W.  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR, VP  
Name OVERBAUGH, JASON G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP, ASST. SECRETARY  
Name QUIST, ADAM G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name OVERBAUGH, CHRISTIE Q  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name WINSTEAD, GUY V  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123