

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93646 043 \*\*\*550.00

**DOCUMENT # 306726**

**1. Entity Name**  
**SOUTHERN SECURITY LIFE INSURANCE COMPANY**

**Principal Place of Business**

**755 RINEHART RD.**  
**PO BOX 958402**  
**LAKE MARY FL 32795-5402**

**Mailing Address**

**755 RINEHART RD.**  
**PO BOX 958402**  
**LAKE MARY FL 32795-5402**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-1231733**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SILL, STEPHEN M**  
**755 RINEHART RD**  
**LAKE MARY FL 32746-5402**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**

☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **QUIST, GEORGE R**  
**STREET ADDRESS** **4491 WANDER LN**  
**CITY-ST-ZIP** **SALT LK CITY UT 84117**

**TITLE** **VS** ☒ Delete  
**NAME** **SARGENT, WILLIAM C**  
**STREET ADDRESS** **4974 HOLLIDAY BLVD**  
**CITY-ST-ZIP** **SALT LK CITY UT 84117**

**TITLE** **T** ☐ Delete  
**NAME** **QUIST, SCOTT M**  
**STREET ADDRESS** **7 WANDERWOOD WAY**  
**CITY-ST-ZIP** **SANDY UT 84092**

**TITLE** **D** ☐ Delete  
**NAME** **MOODY, HOWARD C**  
**STREET ADDRESS** **1782 E FAUNSDALE DR**  
**CITY-ST-ZIP** **SANDY UT 84092**

**TITLE** **D** ☐ Delete  
**NAME** **CRITTENDEN, CHARLES L**  
**STREET ADDRESS** **2334 FILMORE AVE**  
**CITY-ST-ZIP** **OGDEN UT 84401**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **QUIST, SCOTT M.**  
**STREET ADDRESS** **5300 S. 360 W., SUITE 200**  
**CITY-ST-ZIP** **SALT LAKE CITY, UT 84123**

**TITLE** **TV** ☐ Change ☒ Addition  
**NAME** **SILL, STEPHEN M.**  
**STREET ADDRESS** **5300 S. 360 W., SUITE 200**  
**CITY-ST-ZIP** **SALT LAKE CITY, UT 84123**

**TITLE** **VSD** ☐ Change ☒ Addition  
**NAME** **QUIST, G. ROBERT**  
**STREET ADDRESS** **5300 S. 360 W., SUITE 200**  
**CITY-ST-ZIP** **SALT LAKE CITY, UT 84123**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **BECKSTEAD, JACK L.**  
**STREET ADDRESS** **5300 S. 360 W., SUITE 200**  
**CITY-ST-ZIP** **SALT LAKE CITY, UT 84123**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **HUNTER, ROBERT G.**  
**STREET ADDRESS** **5300 S. 300 W., SUITE 200**  
**CITY-ST-ZIP** **SALT LAKE CITY, UT 84123**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **WILBUR, NORMAN G.**  
**STREET ADDRESS** **5300 S. 360 W., SUITE 200**  
**CITY-ST-ZIP** **SALT LAKE CITY, UT 84123**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

5/29/02 (801) 264-1060

CR2E034 (9/01)

Attachment  
#B0123008

**Additional Vice Presidents, box 12:**

Olson, Diana C.  
5300 S. 360 W., Suite 200  
Salt Lake City, UT 84123

Overbaugh, Christie Q.  
5300 S. 360 W., Suite 200  
Salt Lake City, UT 84123

Van Valkenburg, John W.  
5300 S. 360 W., Suite 200  
Salt Lake City, UT 84123