


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90050 025 ***150.00

DOCUMENT # 306726 1. Entity Name SOUTHERN SECURITY LIFE INSURANCE COMPANY	
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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
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94042926



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1231733	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SILL, STEPHEN M 755 RINEHART RD LAKE MARY, FL 32746-5402

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	QUIST, GEORGE R
STREET ADDRESS	4491 WANDER LN
CITY- ST- ZIP	SALT LK CITY, UT 84117
TITLE	TV
NAME	SILL, STEPHEN M
STREET ADDRESS	5300 S 360 W SUITE 200
CITY- ST- ZIP	SALT LAKE CITY, UT 84123
TITLE	PD
NAME	QUIST, SCOTT M
STREET ADDRESS	5300 S 360 W, SUITE 200
CITY- ST- ZIP	SALT LAKE CITY, UT 84123
TITLE	D
NAME	MOODY, HOWARD C
STREET ADDRESS	1782 E FAUNSDALE DR
CITY- ST- ZIP	SANDY, UT 84092
TITLE	D
NAME	CRITTENDEN, CHARLES L
STREET ADDRESS	2334 FILMORE AVE
CITY- ST- ZIP	OGDEN, UT 84401
TITLE	VSD
NAME	QUIST, G. ROBERT
STREET ADDRESS	5300 S 360 W SUITE 200
CITY- ST- ZIP	SALT LAKE CITY, UT 84123

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana C. Olsen* **DIANA C. OLSEN** 3-15-04 (801) 264-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #