


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 306726</b> 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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04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1231733	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SILL, STEPHEN M 755 RINEHART RD LAKE MARY, FL 32746-5402
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD QUIST, GEORGE R 4491 WANDER LN SALT LK CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SILL, STEPHEN M 5300 S 360 W SUITE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIST, SCOTT M 5300 S 360 W, SUITE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, HOWARD C 1782 E FAUNSDALE DR SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITTENDEN, CHARLES L 2334 FILMORE AVE OGDEN, UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUIST, G. ROBERT 5300 S 360 W SUITE 200 SALT LAKE CITY, UT 84123

U00000321685  
04/21/05-80087-017 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #