

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90240 003 ***150.00

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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**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1231733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2006 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**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DIANA OLSON, VICE PRESIDENT

CONTROLLER

4-18-06

Date

(801) 264-1060

Daytime Phone #