

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 003 \*\*\*150.00

0098785 AV

**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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	QUIST, GEORGE R	
STREET ADDRESS	4491 WANDER LN	
CITY-ST-ZIP	SALT LK CITY UT 84117	
TITLE	TV	<input type="checkbox"/> Delete
NAME	SILL, STEPHEN M	
STREET ADDRESS	5300 S 360 W SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY-UT-84123	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUIST, SCOTT M	
STREET ADDRESS	5300 S 360 W, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84123	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOODY, HOWARD C	
STREET ADDRESS	1782 E FAUNSDALE DR	
CITY-ST-ZIP	SANDY UT 84092	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRITTENDEN, CHARLES L	
STREET ADDRESS	2334 FILMORE AVE	
CITY-ST-ZIP	OGDEN UT 84401	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	QUIST, G. ROBERT	
STREET ADDRESS	5300 S 360 W SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84123	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	cD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/17/03 801-264-1060  
Date Daytime Phone #

CR2E034 (10/02)