

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

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

Zip

Country

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

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/03 801-264-1040