

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004854

1. Entity Name
SECURITY NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business
PO BOX 57007
SALT LAKE CITY, UT 84157-0007

Mailing Address
PO BOX 57007
SALT LAKE CITY, UT 84157-0007



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2610791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**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
5300 S 360 W, STE 200
SALT LAKE CITY, UT 84123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
QUIST, SCOTT M
5300 S 360 W, STE 200
SALT LAKE CITY, UT 84123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
OLSON, DIANA C
5300 S 360 W, STE 200
SALT LAKE CITY, UT 84123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
QUIST, ROBERT
5300 S 360 W, STE 200
SALT LAKE CITY, UT 84123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BECKSTEAD, JACK L
5300 S 360 W, STE 200
SALT LAKE CITY, UT 84123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRITTENDEN, CHARLES L
5300 S 360 W, STE 200
SALT LAKE CITY, UT 84123

U00000558512
05/17/06-80098-005 150.00

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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:

Diana C. Olson DIANA C. OLSON, VICE PRESIDENT 4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(801) 264-1060

Daytime Phone #