

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004854

Entity Name: SECURITY NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**433 ASCENSION WAY,
SUITE 600
SALT LAKE CITY, UT 84123**Current Mailing Address:**PO BOX 57220
SALT LAKE CITY, UT 84157-0220**FEI Number:** 36-2610791**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD, DIRECTOR
Name QUIST, SCOTT M
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name OLSON, DIANA C
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title S
Name STEPHENS, JEFFREY
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title TREASURER, VP, CFO
Name SILL, GARRETT S
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR
Name COOK, JOHN L
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR
Name HUNTER, ROBERT G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR
Name MOODY, HOWARD CRAIG
Address P. O. BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157

Title DIRECTOR
Name WILBUR, NORMAN G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANA C OLSONVICE
PRESIDENT/CONTROLE
R

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FULLER, GILBERT A
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR, VP
Name QUIST, SCOTT ANDREW
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP, ASST. TREASURER
Name TURNER, STEPHEN W
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name WINSTEAD, GUY V
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title DIRECTOR, VP
Name OVERBAUGH, JASON G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP, ASST. SECRETARY
Name QUIST, ADAM G
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name VAN VALKENBURG, JOHN W
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220

Title VP
Name RICHARDSON, JASON R
Address PO BOX 57220
City-State-Zip: SALT LAKE CITY UT 84157-0220