

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # 835908

(5)

1. Corporation Name

COMPANION LIFE INSURANCE COMPANY

Principal Place of Business

51 CLEMSON RD
SUITE C
COLUMBIA SC 29223

Mailing Address

51 CLEMSON RD
SUITE C
COLUMBIA SC 29229-6543

3. Date Incorporated or Qualified

03/10/1976

3a. Date of Last Report

03/13/1996

4. FEI Number

57-0523959

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	SULLIVAN, JOSEPH F	1 KIRKWOOD ST	CAMDEN, SC 0	<input type="checkbox"/>
PD	SELLERS, M. EDWARD	48 PINE GROVE CT	COLUMBIA SC 29206	<input type="checkbox"/>
TD	LEICHTLE, ROBERT A	8 OAK BLUFF CT	COLUMBIA SC 29223	<input type="checkbox"/>
S	GRAY, VIVIAN B.	505 WOODLANDS RIDGE RD	COLUMBIA SC 29223	<input type="checkbox"/>
VD	DASHEILL, DONALD H	313 WOOD DUCK RD	COLUMBIA SC 29223	<input type="checkbox"/>
VD	FAULDS, THOMAS G.	312 WEST SPRINGS ROAD	COLUMBIA SC	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	SULLIVAN, JOSEPH F.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
PC	SELLERS, M. EDWARD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	SKIFF, JAMES H.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	HIGGINS, CHARLES L.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	HINTON, JR TRESPOTT N			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/97 8007530404

CR2E034 (9/96)

OFFICERS AND DIRECTORS CON'T

VD

**SKIFF, JAMES H.
101 WESTLAKE FARMS DRIVE
BLYTHEWOOD, SC**

VD

**HIGGINS, CHARLES L.
ROUTE 1 BOX 511D
PROSPERITY, SC**

VD

**HINTON, JR TRESCOTT N
112 OAK TRACE COURT
CHAPIN, SC**