

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
03-13-2002 90148 015 \*\*\*150.00

**DOCUMENT # 835908**  
1. Entity Name  
**COMPANION LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**7909 PARKLANE ROAD PO BOX 100102**  
**SUITE 200 COLUMBIA SC 29202**  
**COLUMBIA SC 29223**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER**  
**CAPITOL BLDG.**  
**TALLAHASSEE FL 32304**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, JOSEPH F</b>	
STREET ADDRESS	<b>1 KIRKWOOD ST</b>	
CITY-ST-ZIP	<b>CAMDEN, SC 0</b>	
TITLE	<b>PC</b>	<input type="checkbox"/> Delete
NAME	<b>SELLERS, M. E</b>	
STREET ADDRESS	<b>46 PINE GROVE COURT</b>	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LEICHTLE, ROBERT A</b>	
STREET ADDRESS	<b>8 OAK BLUFF CT</b>	
CITY-ST-ZIP	<b>COLUMBIA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, VIVIAN B</b>	
STREET ADDRESS	<b>505 WOODLANDS RIDGE RD</b>	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DASHEILL, DONALD H</b>	
STREET ADDRESS	<b>313 WOOD DUCK RD</b>	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FAULDS, THOMAS G.</b>	
STREET ADDRESS	<b>312 WEST SPRINGS ROAD</b>	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>see attached</i>	
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		
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

*Trescott N. Hinton, Jr.*  
**Trescott N. Hinton, Jr.** 2/2/02 (803) 264-5042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Companion Life Insurance Company

Florida Department Of State  
Division Of Corporations

423787

2002 Uniform Business Report (UBR) Additions

Title	VD
Name	Nystrom, Donald Bernard
Address	415 Running Fox Road West
City - ST -Zip	Columbia SC 29223

Title	D
Name	Davis, Judith Monastra
Address	1523 Devonshire Drive
City - ST -Zip	Columbia SC 29204

Title	D
Name	Doerr, Robert Chris
Address	8031 Acorn Ridge Road
City - ST -Zip	Jacksonville FL 32257

Title	V
Name	Hinton Jr., Trescott Newton
Address	112 Oak Trace Court
City - ST -Zip	Chapin SC 29036

Title	Actuary
Name	Carter, Stephen Thomas
Address	207 Bridgecreek Drive
City - ST -Zip	Columbia SC 29229