

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 030 ***150.00

DOCUMENT # 835908					
1. Entity Name COMPANION LIFE INSURANCE COMPANY					
Principal Place of Business 7909 PARKLANE ROAD SUITE 200 COLUMBIA, SC 29223		Mailing Address PO BOX 100102 COLUMBIA, SC 29202			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-0523959	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLIVAN, JOSEPH F		NAME		
STREET ADDRESS	1 KIRKWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	CAMDEN, SC 0,		CITY-ST-ZIP		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELLERS, M. E		NAME		
STREET ADDRESS	46 PINE GROVE COURT		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, SC		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEICHTLE, ROBERT A		NAME		
STREET ADDRESS	8 OAK BLUFF CT		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA,		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, VIVIAN B		NAME		
STREET ADDRESS	505 WOODLANDS RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, SC		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DASHEILL, DONALD H		NAME		
STREET ADDRESS	313 WOOD DUCK RD		STREET ADDRESS	108 Fishers Shores Road	
CITY-ST-ZIP	COLUMBIA, SC		CITY-ST-ZIP	Columbia, SC 29223	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINTON, JR, TRESPOTT N		NAME		
STREET ADDRESS	112 OAK TRACE COURT		STREET ADDRESS	112 Bass Point Lane	
CITY-ST-ZIP	CHAPIN, SC 29036		CITY-ST-ZIP	Chapin, SC 29036	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		Trespott N Hinton Jr		Date: 2/25/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #: 803 264 5042	

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