

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-0523959

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	D
NAME	SULLIVAN, JOSEPH F
STREET ADDRESS	1 KIRKWOOD ST
CITY-ST-ZIP	CAMDEN, SC 29020
TITLE	PC
NAME	SELLERS, M. E
STREET ADDRESS	4645 PINE GROVE COURT
CITY-ST-ZIP	COLUMBIA, SC 29206
TITLE	TD
NAME	LEICHTLE, ROBERT A
STREET ADDRESS	8 OAK BLUFF CT
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	S
NAME	GRAY, VIVIAN B
STREET ADDRESS	505 WOODLANDS RIDGE RD
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	P
NAME	DASHEILL, DONALD H
STREET ADDRESS	108 FISHERS SHORES ROAD
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	V
NAME	HINTON, JR, TRESGOTT N
STREET ADDRESS	112 BASS POINT LANE
CITY-ST-ZIP	CHAPIN, SC 29036

000000450843
03/10/06-80023-004 150.00

**DO NOT WRITE
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: *Trescott N. Hinton Jr* **Trescott N. Hinton Jr**

2/22/06 **803-244-5042**