

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOSEPH F 1 KIRKWOOD ST CAMDEN, SC 29020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SELLERS, M. E 4645 PINE GROVE COURT COLUMBIA, SC 29206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEICHTLE, ROBERT A 8 OAK BLUFF CT COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, VIVIAN B 505 WOODLANDS RIDGE RD COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINTON, TRESCOTT N JR 112 BASS POINT LANE CHAPIN, SC 29036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEMMERLIN, KARL 407 BRIDGECREEK DRIVE COLUMBIA, SC 29229

U000000955742  
07/22/08-80004-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KARL C. KEMMERLIN, VP & CFO**

**July 11, 2008 (800) 753-0404**

Date

Daytime Phone #