2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# 835908

Entity Name: COMPANION LIFE INSURANCE COMPANY

Current Principal Place of Business:

7909 PARKLANE ROAD
SUITE 200
COLUMBIA, SC 29223

New Principal Place of Business:

Current Mailing Address:

PO BOX 100102
COLUMBIA, SC 29202

New Mailing Address:

FEI Number: 57-0523959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SULLIVAN, JOSEPH F
Address: 1 KIRKWOOD ST
City-St-Zip: CAMDEN, SC 29020

Title: PC ( ) Delete
Name: SELLERS, M. E
Address: 4645 PINE GROVE COURT
City-St-Zip: COLUMBIA, SC 29206

Title: TD ( ) Delete
Name: LEICHTLE, ROBERT A
Address: 8 OAK BLUFF CT
City-St-Zip: COLUMBIA, SC 29223

Title: S ( ) Delete
Name: GRAY, VIVIAN B
Address: 505 WOODLANDS RIDGE RD
City-St-Zip: COLUMBIA, SC 29223

Title: P ( ) Delete
Name: HINTON, TRESCOTT N JR
Address: 112 BASS POINT LANE
City-St-Zip: CHAPIN, SC 29036

Title: V ( ) Delete
Name: KEMMERLIN, KARL
Address: 407 BRIDGECREEK DRIVE
City-St-Zip: COLUMBIA, SC 29229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL C. KEMMERLIN VP 06/23/2009

Electronic Signature of Signing Officer or Director — Date