

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835908

FILED
Apr 25, 2012
Secretary of State

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:

7909 PARKLANE ROAD
SUITE 200
COLUMBIA, SC 29223

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: PANKAU, DAVID S
Address: 17 FOX CHASE ROAD
City-St-Zip: COLUMBIA, SC 29223

Title: VP
Name: CARTER, STEPHEN T
Address: 207 BRIDGECREEK DRIVE
City-St-Zip: COLUMBIA, SC 29229

Title: S
Name: MCINTOSH, DUNCAN
Address: 2859 GERVAIS STREET
City-St-Zip: COLUMBIA, SC 29204

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

Title: VP
Name: KEMMERLIN, KARL
Address: 503 FETTERBUSH ROAD
City-St-Zip: ELGIN, SC 29045

I hereby 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 all other like empowered.

SIGNATURE: KARL C. KEMMERLIN

VP

04/25/2012

Electronic Signature of Signing Officer or Director

Date