

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0664184 AB

DOCUMENT # 835908

1. Entity Name
COMPANION LIFE INSURANCE COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAR -3 PM 4:30

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

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SULLIVAN, JOSEPH F
STREET ADDRESS 1 KIRKWOOD ST
CITY-ST-ZIP CAMDEN, SC 0

☐ Change ☐ Addition
400013284634
03/03/03--01002--012 **150.00

TITLE PC ☐ Delete
NAME SELLERS, M. E
STREET ADDRESS 46 PINE GROVE COURT
CITY-ST-ZIP COLUMBIA SC

☐ Change ☐ Addition

TITLE TD ☐ Delete
NAME LEICHTLE, ROBERT A
STREET ADDRESS 8 OAK BLUFF CT
CITY-ST-ZIP COLUMBIA

☐ Change ☐ Addition

TITLE S ☐ Delete
NAME GRAY, VIVIAN B
STREET ADDRESS 505 WOODLANDS RIDGE RD
CITY-ST-ZIP COLUMBIA SC

☐ Change ☐ Addition

TITLE VD ☐ Delete
NAME DASHEILL, DONALD H
STREET ADDRESS 313 WOOD DUCK RD
CITY-ST-ZIP COLUMBIA SC

President ☒ Change ☐ Addition

TITLE V ☐ Delete
NAME HINTON, JR, TRESCOTT N
STREET ADDRESS 112 OAK TRACE COURT
CITY-ST-ZIP CHAPIN SC 29036

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TRESCOTT N. HINTON, JR 2/19/03 (803) 264-5042

Date

Daytime Phone #

CR2E034 (10/02)