UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/05/10--01006--017 **150.00

DOCUMENT # M08000002066

1. Entity Name
Companion Third Party Administrators, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
51 Clemson Road Mail Code: AC-P03	P.O. Box 100165
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Columbia, SC	City & State: Columbia, SC
Zip: 29229 Country:	Zip: 29202 Country:

4. FEI Number: 56-2151867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	President	TITLE	
NAME	Charles M. Potok	NAME	
STREET ADDRESS	311 East Springs Road	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC 29223	CITY-ST-ZIP	
TITLE	Vice President and CFO	TITLE	
NAME	Curtis C. Stewart	NAME	
STREET ADDRESS	225 Holiday Road	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC 29223	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Laura W. Robinson	NAME	
STREET ADDRESS	4019 Kenilworth Road	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Columbia, SC 29205	CITY-ST-ZIP	
TITLE	Vice President	TITLE	**IN THIS SPACE**
NAME	Steven C. Bloss	NAME	
STREET ADDRESS	1 Foxwood Knoll	STREET ADDRESS	
CITY-ST-ZIP	Blythewood, SC 29016	CITY-ST-ZIP	
TITLE		TITLE	**S. HAWKES**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	MAY 12 2010
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**EXAMINER**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-3-10 803-264-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #