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: DIANE FISCHER

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Onicent			
Title	D	Title	S
Name	PANKAU, DAVID S	Name	MCINTOSH, DUNCAN
Address	17 FOX CHASE ROAD	Address	2859 GERVAIS STREET
City-State-Z	ip: COLUMBIA SC 29223	City-State-Zip:	COLUMBIA SC 29204
Title	Р	Title	VP & CFO
Name	GARDHAM, PHILIP	Name	FISCHER, DIANE
Address	1018 ENCLAVE WAY	Address	151 MAYHAW DRIVE
City-State-Z	ip: COLUMBIA SC 29223	City-State-Zip:	COLUMBIA SC 29206
Title	CHIEF ACTUARY		
Name	HELTON, JAMES THOMAS III		
Address	215 OWL RIDGE ROAD		
City-State-Z	ip: SHELBYVILLE KY 42065		

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.

rrent Mailing Address:		
9 PARKLANE ROAD ITE 200 LUMBIA, SC 29223		

FEI Number: 57-0523959

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 32399-0000 US

SIGNATURE: KARL C KEMMERLIN

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835908

Entity Name: COMPANION LIFE INSURANCE COMPANY

Current Principal Place of Business:

7909 PARKLANE ROAD SUITE 200 COLUMBIA, SC 29223

Curr

7909 SUI COL

VP & CFO

01/10/2019

FILED Jan 10, 2019 Secretary of State 6944105412CC

01/10/2019 Date

Certificate of Status Desired: No