2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835908

Entity Name: COMPANION LIFE INSURANCE COMPANY

Current Principal Place of Business:

1301 GERVAIS STREET

SUITE 900

COLUMBIA, SC 29201

Current Mailing Address:

1301 GERVAIS STREET

SUITE 900

COLUMBIA, SC 29201 US

FEI Number: 57-0523959 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E GAINES ST

TALLAHASSEE, FL 32399-0000 US

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: KARL C KEMMERLIN 03/14/2025

Electronic Signature of Registered Agent

Date

FILED Mar 14, 2025

Secretary of State

0079835356CC

Officer/Director Detail:

Title CHAIRMAN Title SECRETARY AND DIRECTOR

Name MIZEUR, MICHAEL J. Name MCINTOSH, DUNCAN

Address 1301 GERVAIS STREET Address 1301 GERVAIS STREET

SUITE 900

SUITE 900

City-State-Zip: COLUMBIA SC 29201 City-State-Zip: COLUMBIA SC 29201

Title VP OF COMPLIANCE Title DIRECTOR

Name NESMITH, WENDY Name SELLERS, M EDWARD

Address 1301 GERVAIS STREET Address 1301 GERVAIS STREET

SUITE 900

SUITE 900

City-State-Zip: COLUMBIA SC 29201 City-State-Zip: COLUMBIA SC 29201

Title DIRECTOR Title DIRECTOR

Name DAVIS, JILL R Name MIZEUR, MICHAEL J

Address 1301 GERVAIS STREET Address 1301 GERVAIS STREET

SUITE 900 SUITE 900

City-State-Zip: COLUMBIA SC 29201 City-State-Zip: COLUMBIA SC 29201

Title DIRECTOR Title DIRECTOR

Name GRAVES, W SCOTT Name STINSON, M SHAWN MD

Address 1301 GERVAIS STREET Address 1301 GERVAIS STREET

SUITE 900 SUITE 900

City-State-Zip: COLUMBIA SC 29201 City-State-Zip: COLUMBIA SC 29201

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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: WENDY NESMITH VP OF COMPLIANCE 03/14/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title PRESIDENT

Name FOLSOM, JON ANDERSON

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title VP

Name SMIDT, MARK R

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title ASST. TREASURER
Name DUBOIS, ANTHONY F

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title AUDIT & COMPLIANCE OFFICER

Name MCELVEEN, LOUIS M

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title DIRECTOR

Name PANKAU, DAVID S.

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title OFFICER

Name HELTON, JAMES T. III

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title VP

Name FLOCK, MICHAEL D

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title TREASURER
Name HAIR, LORI C

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title CORPORATE LEGAL SECRETARY

Name COMEAU, AMY

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title CFO

Name PICKENS, III, WILLIAM D.

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201

Title DIRECTOR

Name ACKERSON, MICHAEL J.

Address 1301 GERVAIS STREET

SUITE 900

City-State-Zip: COLUMBIA SC 29201