

2014 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**Current Mailing Address:**7909 PARKLANE ROAD
SUITE 200
COLUMBIA, SC 29223**FEI Number:** 57-0523959**Certificate of Status Desired:** No**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

03/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title	P
Name	HINTON, TRESCOTT NJR
Address	112 BASS POINT LANE
City-State-Zip:	CHAPIN SC 29036

Title	VP
Name	KEMMERLIN, KARL
Address	503 FETTERBUSH ROAD
City-State-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 KEMMERLIN

VP & CFO

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date