

1.) CORPORATION NAME:

COMPANION LIFE INSURANCE COMPANY

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0305815**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

SC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7909 PARKLANE RD STE 200

CITY/ST/ZIP: COLUMBIA, SC 29223

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TRESCOTT N HINTON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	112 BASS POINT LANE		
CITY/ST/ZIP/CO:	CHAPLIN, SC 29030		
NAME:	MICHAEL JOHN MIZEUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	122 GOLDENTHAL COURT		
CITY/ST/ZIP/CO:	CARY, NC 27519		
NAME:	DUNCAN S. MCINTOSH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2859 GERVAIS STREET		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29201		
NAME:	STEPHEN T CARTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF OFFICER		
ADDRESS:	227 BRIDGECREEK DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29229		
NAME:	KARL C KEMMERLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	503 FETTERBUSH ROAD		
CITY/ST/ZIP/CO:	ELGIN, SC 29045		
NAME:	David S Pankau	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 Fox Chase Rd		
CITY/ST/ZIP/CO:	Columbia, SC 29223		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Judith Monastra Davis DIRECTOR 5123 Lakeshore Drive Columbia, SC 29206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Deyling DIRECTOR 81 Redbay Road Elgin, SC 29045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen Wiggins DIRECTOR 122 Lake Murray Blvd Lexington, SC 29072	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Louis McElveen DIRECTOR 1407 Cambridge Lane Columbia, SC 29204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary Mazzola Spivey DIRECTOR 1399 Kathwood Drive Columbia Columbia, SC 29206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TRESCOTT N HINTON JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TRESCOTT N HINTON JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/22/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			