

1.) CORPORATION NAME:

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **3/31/2011**

SCC ID NO: **F0007213**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 FOUNTAIN SQ

CITY/ST/ZIP: CHATTANOOGA, TN 37402-

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: KEVIN A MCMAHON
TITLE: VP/T
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: SUSAN NANCE ROTH
TITLE: VP/S//TRANSACTIONAL
ADDRESS: 1 FOUNTAIN SQ
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: ROGER L. MARTIN
TITLE: SVP/CFO
ADDRESS: 2211 CONGRESS STREET
CITY/ST/ZIP/CO: PORTLAND, ME 04122-

OFFICER

DIRECTOR

NAME: RICHARD P MCKENNEY
TITLE: EVP, Finance
ADDRESS: 1 FOUNDATION SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: THOMAS R WATJEN
TITLE: Chairman
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: KEVIN P. MCCARTHY TITLE: President & CEO ADDRESS: 2211 CONGRESS STREET CITY/ST/ZIP/CO: PORTLAND, ME 04122-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT O. BEST TITLE: EVP ADDRESS: 1 FOUNTAIN SQUARE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: E. LISTON BISHOP TITLE: EVP and GC ADDRESS: 1 FOUNTAIN SQUARE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOSEPH R. FOLEY TITLE: SVP & CMO ADDRESS: 2211 CONGRESS STREET CITY/ST/ZIP/CO: PORTLAND, ME 04122-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: VICKI W. CORBETT TITLE: SVP, Controller ADDRESS: 1 FOUNTAIN SQUARE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ SUSAN NANCE ROTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN NANCE ROTH, VP/S//TRANSACTIONAL PRINTED NAME AND CORPORATE TITLE	2/8/2011 DATE
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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.