

1.) CORPORATION NAME:

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

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

AUTH IN VI

CORPORATION SERVICE COMPANY

1111 EAST MAIN STREET, 16TH FLOOR

BANK OF AMERICA CENTER

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

DUE DATE: **3/31/2012**

SCC ID NO: **F0007213**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000,000

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	KEVIN P. MCCARTHY				
TITLE:	P/CEO				
ADDRESS:	2211 CONGRESS STREET				
CITY/ST/ZIP/CO:	PORTLAND, ME 04122-				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KEVIN A MCMAHON				
TITLE:	VP/T				
ADDRESS:	1 FOUNTAIN SQUARE				
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37402-				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SUSAN NANCE ROTH				
TITLE:	VP/S//TRANSACTION				
ADDRESS:	1 FOUNTAIN SQ				
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37402-				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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
NAME:	RICHARD P MCKENNEY				
TITLE:	EVP-FINANCE				
ADDRESS:	1 FOUNDATION SQUARE				
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37402-				

NAME: THOMAS R WATJEN TITLE: CHAIRMAN ADDRESS: 1 FOUNTAIN SQUARE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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
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
NAME: ROGER L. MARTIN TITLE: SVP/CFO ADDRESS: 2211 CONGRESS STREET CITY/ST/ZIP/CO: PORTLAND, ME 04122-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER J. JEROME TITLE: SVP, GLOBAL SER ADDRESS: 2211 CONGRESS STREET CITY/ST/ZIP/CO: PORTLAND, ME 04122-	<input checked="" 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/ SUSAN NANCE ROTH _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN NANCE ROTH, VP/S//TRANSACTIONAL _____ PRINTED NAME AND CORPORATE TITLE
_____ 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.	