

1.) CORPORATION NAME:

THE PAUL REVERE LIFE 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:

MA

DUE DATE: **9/30/2011**

SCC ID NO: **F0039125**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,960,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 18 CHESTNUT STREET

CITY/ST/ZIP: WORCESTER, MA 01608-1528

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: SUSAN N ROTH
TITLE: VP TRANS/S/CO S
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: E LISTON BISHOP III
TITLE: EVP/GC
ADDRESS: 1 FOUNTAIN SQ
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 A MCMAHON
TITLE: SVP/CORP TRE
ADDRESS: 2211 CONGRESS ST
CITY/ST/ZIP/CO: PORTLAND, ME 04122-

OFFICER

DIRECTOR

NAME: RICHARD P MCKENNEY
TITLE: EVP, Finance
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: 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
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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 N ROTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN N ROTH, VP TRANS/S/CO PRINTED NAME AND CORPORATE TITLE	8/22/2011 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.