

1.) CORPORATION NAME:

COLONIAL LIFE & 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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
SC

DUE DATE: **7/31/2011**

SCC ID NO: **F0097388**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	2,649,004
COMBNV	17,350,996

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1200 COLONIAL LIFE BLVD

CITY/ST/ZIP: COLUMBIA, SC 29210-

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: RANDALL C HORN
TITLE: PRES/CEO
ADDRESS: 1200 COLONIAL LIFE BLVD
CITY/ST/ZIP/CO: COLUMBIA, SC 29210-

OFFICER

DIRECTOR

NAME: SUSAN N ROTH
TITLE: VP/TRA/SEC/C.S
ADDRESS: 1 FOUNTAIN SQ
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: ROBERT O. BEST
TITLE: PRESIDENT
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: KEVIN P. MCCARTHY TITLE: DIRECTOR ADDRESS: 2211 CONGRESS STREET CITY/ST/ZIP/CO: PORTLAND, ME 04122-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: E. LISTON BISHOP III TITLE: EVP ADDRESS: 1 FOUNTAIN SQUARE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID F. PARKER TITLE: SVP & CFO ADDRESS: 1200 COLONIAL LIFE BOULEVARD CITY/ST/ZIP/CO: COLUMBIA, SC 29210-	<input checked="" type="checkbox"/> OFFICER <input 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: KEVIN A. MCMAHON TITLE: SVP, TREASURER ADDRESS: 1 FOUNTAIN SQUARE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LONNIE A. ETHERIDGE TITLE: VICE PRESIDENT ADDRESS: 2211 CONGRESS STREET CITY/ST/ZIP/CO: COLUMBIA, SC 29210-	<input checked="" type="checkbox"/> OFFICER <input 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 N ROTH _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN N ROTH, VP/TRA/SEC/C.S _____ PRINTED NAME AND CORPORATE TITLE
6/1/2011 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.	