

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213526453

1.) CORPORATION NAME:

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
1111 EAST MAIN STREET, 16TH FLOOR
BANK OF AMERICA CENTER**

SCC ID NO: **F0097388**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

SC

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 OFFICER DIRECTOR
TITLE: PRES/CEO
ADDRESS: 1200 COLONIAL LIFE BLVD
CITY/ST/ZIP/CO: COLUMBIA, SC 29210

NAME: Henry L. Price OFFICER DIRECTOR
TITLE: SVP
ADDRESS: 1200 Colonial Life Boulevard
CITY/ST/ZIP/CO: COLUMBIA, SC 29210

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

NAME: KEVIN A. MCMAHON OFFICER DIRECTOR
TITLE: SVP, TREASURER
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402

NAME: E. LISTON BISHOP III OFFICER DIRECTOR
TITLE: EVP
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS R WATJEN CHAIRMAN 1 FOUNTAIN SQ CHATTANOOGA, TN 37402	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY G. ARNOLD SVP 1200 COLONIAL LIFE BOULEVARD COLUMBIA, SC 29210	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI W. CORBETT SVP, CONTROLLER 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID F. PARKER SVP 1200 COLONIAL LIFE BOULEVARD COLUMBIA, SC 29210	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J. JEROME SVP 2211 CONGRESS STREET PORTLAND, ME 04122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN P. MCCARTHY DIRECTOR 2211 CONGRESS STREET PORTLAND, ME 04122	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Roger L. Martin SVP & CFO 2211 CONGRESS STREET PORTLAND, ME 04122	<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	6/5/2013 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.			