

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

PROVIDENT LIFE AND CASUALTY INSURANCE COMPANY

SCC ID NO: **F0104465**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 FOUNTAIN SQUARE

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 OFFICER DIRECTOR
 TITLE: SR VP/T
 ADDRESS: 1 FOUNTAIN SQ
 CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

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

NAME: ROBERT O BEST OFFICER DIRECTOR
 TITLE: EVP-GLBL BUS TE
 ADDRESS: 1 FOUNTAIN SQ
 CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

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

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

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
NAME: E. LISTON BISHOP III 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: 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: 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: 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
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	SUSAN N ROTH, VP/S		9/28/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.				