

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212538075

1.) CORPORATION NAME:

PROVIDENT LIFE AND CASUALTY INSURANCE COMPANY

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0104465**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,000

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

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

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

NAME:	E. LISTON BISHOP III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP AND GC		
ADDRESS:	1 FOUNTAIN SQUARE		
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37402		

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

NAME:	THOMAS R. WATJEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	I FOUNTAIN SQUARE		
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37402		

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 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 N ROTH	SUSAN N ROTH, VP/S	10/2/2012
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.		