

1.) CORPORATION NAME:

UNUM LIFE INSURANCE COMPANY OF AMERICA

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

DUE DATE: **6/30/2011**

SCC ID NO: **F0227878**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

ME

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2211 CONGRESS ST

CITY/ST/ZIP: PORTLAND, ME 04122-

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/CORP SEC
ADDRESS: 1 FOUNTAIN SQUARE
CITY/ST/ZIP/CO: CHATANOOGA, TN 37402-

OFFICER

DIRECTOR

NAME: KEVIN P MCCARTHY
TITLE: President & CEO
ADDRESS: 2211 CONGRESS ST
CITY/ST/ZIP/CO: PORTLAND, ME 04122-

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/TREASURER
ADDRESS: 1 FOUNTAIN SQ
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37402-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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
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 checked="" 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 checked="" 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 _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN N ROTH, VP/CORP SEC _____ PRINTED NAME AND CORPORATE TITLE
5/2/2011 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.	