

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800346

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

## Current Principal Place of Business:

1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402

## New Principal Place of Business:

## Current Mailing Address:

1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402

## New Mailing Address:

FEI Number: 62-0331200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPCS ( ) Delete  
Name: ROTH, SUSAN N  
Address: 1 FOUNTAIN SQUARE  
City-St-Zip: CHATTANOOGA, TN 37402

Title: DPCE ( ) Delete  
Name: WATJEN, THOMAS R CEO  
Address: 1 FOUNTAIN SQUARE  
City-St-Zip: CHATTANOOGA, TN 37402

Title: DEVP ( ) Delete  
Name: GLICK, CHARLES L  
Address: 1 FOUNTAIN SQUARE  
City-St-Zip: CHATTANOOGA, TN 37402

Title: DEVP ( ) Delete  
Name: GREVING, ROBERT C  
Address: 1 FOUNTAIN SQUARE  
City-St-Zip: CHATTANOOGA, TN 37402

Title: DEVP ( ) Delete  
Name: BEST, ROBERT O  
Address: 1 FOUNTAIN SQ  
City-St-Zip: CHATTANOOGA, TN 37402

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DEVP (X) Change ( ) Addition  
Name: MCCARTHY, KEVIN P  
Address: 2211 CONGRESS STREET  
City-St-Zip: PORTLAND, ME 04122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT ( ) Change (X) Addition  
Name: MCMAHON, KEVIN A  
Address: 1 FOUNTAIN SQUARE  
City-St-Zip: CHATTANOOGA, TN 37402

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN N. ROTH

VPCS

01/07/2009

Electronic Signature of Signing Officer or Director

Date