



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90055 001 \*\*\*150.00

<b>DOCUMENT # 803764</b> 1. Entity Name <b>THE PAUL REVERE LIFE INSURANCE COMPANY</b>																																																																																																																													
Principal Place of Business <b>18 CHESTNUT STREET WORCESTER, MA 01608</b>			Mailing Address <b>ONE FOUNTAIN SQUARE CHATTANOOGA, TN 37402</b>																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number <b>04-1768571</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																										
<b>\$5.00 May Be Added to Fees</b>																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
<b>SIGNATURE:</b>  <b>Susan N. Roth, VP, Corp. Sec. &amp; Asst. Gen. Counsel</b> <b>1/28/05</b> <b>423.294.8913</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

# ATTACHMENT

40021500

# 803764

The Paul Revere Life Insurance Company

## OFFICERS

### **Thomas R. Watjen**

President and Chief Executive Officer  
1 Fountain Square  
Chattanooga, TN 37402

### **F. Dean Copeland**

Senior Executive Vice President, General Counsel and Chief Administrative Officer  
1 Fountain Square  
Chattanooga, TN 37402

### **Robert C. Greving**

Executive Vice President and Chief Financial Officer  
1 Fountain Square  
Chattanooga, TN 37402

### **John J. Iwanicki**

Vice President and Treasurer  
1 Fountain Square  
Chattanooga, TN 37402

### **Susan N. Roth**

Vice President, Corporate Secretary and Assistant General Counsel  
1 Fountain Square  
Chattanooga, TN 37402

### **Kevin P. McCarthy**

Executive Vice President, Underwriting  
2211 Congress Street  
Portland, ME 04122

### **Robert O. Best**

Executive Vice President-Customer Loyalty Services and Chief Information Officer  
1 Fountain Square  
Chattanooga, TN 37402

### **Joseph R. Foley**

Senior Vice President-Market Development and Communications  
2211 Congress Street  
Portland, ME 04122

### **Roger C. Edgren**

Executive Vice President-Field Sales  
1 Fountain Square  
Chattanooga, TN 37402

### **Peter C. Madeja**

Executive Vice President-Benefits Center  
440 E. Swedesford Road, Suite 1000  
Wayne, PA 19087

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## DIRECTORS

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1 Fountain Square  
Chattanooga, TN 37402

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Portland, ME 04122

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