

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803764

FILED
Jan 04, 2011
Secretary of State

Entity Name: THE PAUL REVERE LIFE INSURANCE COMPANY

Current Principal Place of Business:

18 CHESTNUT STREET
WORCESTER, MA 01608

New Principal Place of Business:

Current Mailing Address:

ONE FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

New Mailing Address:

FEI Number: 04-1768571

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

OFFICERS AND DIRECTORS:

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

Title: DPCE
Name: MCCARTHY, KEVIN P
Address: 2211 CONGRESS STREET
City-St-Zip: PORTLAND, ME 04122

Title: DC
Name: WATJEN, THOMAS R
Address: 1 FOUNTAIN SQUARE
City-St-Zip: CHATTANOOGA, TN 37402

Title: DEVP
Name: MCKENNEY, RICHARD P
Address: 1 FOUNTAIN SQUARE
City-St-Zip: CHATTANOOGA, TN 37402

Title: DEVP
Name: BEST, ROBERT O
Address: 1 FOUNTAIN SQUARE
City-St-Zip: CHATTANOOGA, TN 37402

Title: SVPT
Name: MCMAHON, KEVIN A
Address: 1 FOUNTAIN SQUARE
City-St-Zip: CHATTANOOGA, TN 37402

I hereby 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 all other like empowered.

SIGNATURE: SUSAN N. ROTH

VPCS

01/04/2011

Electronic Signature of Signing Officer or Director

Date