

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90074 027 ***150.00

DOCUMENT # 844269

1. Entity Name

THE PAUL REVERE PROTECTIVE LIFE INSURANCE COMPAN

Principal Place of Business

Mailing Address

18 CHESTNUT STREET
 WORCESTER MA 01608

1 FOUNTAIN SQUARE
 CHATTANOOGA TN 37402-1307
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2528304

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OLINGY, JEFFREY F	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	V	<input type="checkbox"/> Delete
NAME	COPELAND, DEAN F	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANNGA TN 37402	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREVING, ROBERT C	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEST, ROBERT O	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MADEJA, PETER C	
STREET ADDRESS	23 CABOT COURT	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEYS, THOMAS B	
STREET ADDRESS	FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANNOGA TN 37402	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

Vicki Corbett, Vice President & Controller (423) 755-1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

0-4-01111

344269

Attachment
00038 324

PAUL REVERE PROTECTIVE LIFE INSURANCE COMPANY

FEIN: 04-2528304

ATTACHMENT TO FLORIDA CORPORATION ANNUAL REPORT

Box 12

OFFICERS AND DIRECTORS (CONTINUED)

7.1	D
7.2	Sorensen, Burton E.
7.3	4681 Rue Belle Mer
7.4	Sanibel, FL 33957
8.1	V
8.2	Corbett Vicki W.
8.3	1 Fountain Square
8.4	Chattanooga, TN 37402
9.1	D/PC
9.2	Chandler, J. Harold
9.3	1 Fountain Square
9.4	Chattanooga, TN 37402
10.1	D
10.2	Watjen, Thomas R.
10.3	1 Fountain Square
10.4	Chattanooga, TN 37402
11.1	VS
11.2	Roth, Susan N.
11.3	1 Fountain Square
11.4	Chattanooga, TN 37402

344264

Attachment
DU038324

PAUL REVERE PROTECTIVE LIFE INSURANCE COMPANY

FEIN: 04-2528304

ATTACHMENT TO FLORIDA CORPORATION ANNUAL REPORT

ADDITIONS

12.1	V/D
12.2	Rosen, Elaine D.
12.3	2211 Congress Street
12.4	Portland, ME 04122
13.1	V
13.2	Lang, John M.
13.3	2211 Congress Street
13.4	Portland, ME 04122
14.1	D
14.2	Moody Jr., James L.
14.3	16 Running Tide Road
14.4	Cape Elizabeth, ME 04107