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UNUMPROVIDENT CORP Form 3 December 08, 2004 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Addre \hat{A} Godwin Pam		; Person <u>*</u>	2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol UNUMPROVIDENT CORP [UNM]				
(Last)	(First)	(Middle)	(Month/Day/Year) 11/29/2004	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
1 FOUNTAIN S	SQUARE						× • • •	
	(Street)			(Check all applicable)			6. Individual or Joint/Group	
CHATTANOO	GA, TN :	374021307		0	Owner	10% Other y below)	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - No	n-Deriv	vative Secu	rities B	eneficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Secu Beneficially Owne (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Owners (Instr. 5	•	
Common Stock			0		D	Â		
Reminder: Report of owned directly or in	•	e for each clas	s of securities beneficially	s	EC 1473 (7-02	2)		
	informatior required to	i contained i respond un	to the collection of in this form are not less the form displays a ntrol number.	1				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	. ,	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
1	Director	10% Owner	Officer	Other			
Godwin Pamela H 1 FOUNTAIN SQUARE CHATTANOOGA, TN 3740213		Â	Â	Â			
Signatures							
By: Jo C. Dearing on 1 behalf of	2/08/2004						
<pre>**Signature of Reporting Person</pre>	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.