### Edgar Filing: UNUMPROVIDENT CORP - Form 4

#### **UNUMPROVIDENT CORP**

Form 4 January 27, 2006

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

Number:

3235-0287

Expires:

January 31, 2005

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0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

may continue. See Instruction

obligations

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCCARTHY KEVIN P			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol UNUMPROVIDENT CORP [UNM]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First)	(Middl	e) 3. Date of Ear	3. Date of Earliest Transaction				(Check all applicable)				
	•	(Month/Day/Year)				Director 10% Owner						
1 FOUNTAIN	01/26/2006	01/26/2006				X Officer (give title Other (specify below)  EVP Risk Operations						
	(Street) 4. If Amendment, Date C				Original			6. Individual or Joint/Group Filing(Check				
	Filed(Month/D	Filed(Month/Day/Year)				Applicable Line)						
CHATTANOOGA, TN 374021307								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	any		Execution Date, if	Code (Instr. 8)	4. Securities  tionAcquired (A) or  Disposed of (D)  (Instr. 3, 4 and 5)  (A)  or  7. Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/26/200	06		S(1)	1,000	D		42,877 (2)	D			
Common Stock (401(k) non-qualified)								1,617	I	By 401(k) non-qualified		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.												
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number.

displays a currently valid OMB control

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	ear) Execution Date, if Transaction		onNumber Expiration Date		ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

MCCARTHY KEVIN P 1 FOUNTAIN SQUARE CHATTANOOGA, TN 374021307

**EVP Risk Operations** 

### **Signatures**

By: Susan N. Roth on

behalf of 01/26/2006

\*\*Signature of Reporting Person

# **Explanation of Responses:**

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- Includes 36,987 shares of restricted stock 3,512 shares in the Company's Employee Stock Purchase Plan and 2,378 shares held outside of

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.

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