

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 827065 (4)

1. Corporation Name
VESTA FIRE INSURANCE CORPORATION

Principal Place of Business Mailing Address
3760 RIVER RUN DRIVE 3760 RIVER RUN DRIVE
P.O. BOX 43360 P.O. BOX 43360
BIRMINGHAM AL 35243 BIRMINGHAM AL 35243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/19/1971** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		63-0598629		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, ROBERT Y	1.2 NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, CARL RUSSELL I	2.2 NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, BARRY A.	3.2 NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, STEPHEN P.	4.2 NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTERHAN, JOHN, C	5.2 NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, MAUREEN H.	6.2 NAME	
STREET ADDRESS	3760 RIVER RUN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen P. Leonard* Stephen P. Leonard 3/28/95 (205) 970-7000
(Signature and Type in Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)