

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90208 019 \*\*\*150.00

60034608



01062008 Chg-P CR2E034 (11/05)

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # 827065</b><br>1. Entity Name<br><b>VESTA FIRE INSURANCE CORPORATION</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>6640 S CICERO AVE<br/>BEDFORD PARK, IL 60638</b>  |   |  | Mailing Address<br><b>P.O. BOX 43360<br/>BIRMINGHAM, AL 35243</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country                                    |   | 4. FEI Number<br><b>63-0598629</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>V<br/>RUSSELL, STEPHEN P<br/>3760 RIVER RUN DRIVE<br/>BIRMINGHAM, AL 35243</b>       | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VT<br/>WRIGHT, FRED H<br/>3760 RIVER RUN DRIVE<br/>BIRMINGHAM, AL 35243</b>          | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VD<br/>CROUCH, RUSSELL K<br/>3760 RIVER RUN DRIVE<br/>BIRMINGHAM, AL 35243</b>       | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PCD<br/>LACEFIELD, DAVID W<br/>3760 RIVER RUN DRIVE<br/>BIRMINGHAM, AL 35243</b>     | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VS<br/>GONZALES, ARTHUR J<br/>3760 RIVER RUN DRIVE<br/>BIRMINGHAM, AL 35243</b>      | <input checked="" type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>V<br/>WATJE, JAMES R<br/>3760 UNIVERSITY AVE, SUITE 110<br/>SACRAMENTO, CA 95825</b> | <input checked="" type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VT<br/>Heen, Bruce W.<br/>3760 River Run Dr.<br/>BIRMINGHAM, AL 35423</b>            |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>S<br/>McLaughlin, Robert J. Jr.<br/>3760 River Run Dr.<br/>BIRMINGHAM, AL 35423</b>  |  |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered. |   |  |   |   |  |
| <b>SIGNATURE:</b>   |   |  |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date <b>4/28/06</b></span> <span>Daytime Phone # <b>205 970-7138</b></span> </div>   |   |  |   |   |  |

**ATTACHMENT** 60034608  
**OFFICERS AND DIRECTORS** #827065  
**VESTA FIRE INSURANCE CORPORATION**  
**March 31, 2006**

**Officers**

|                           |   |
|---------------------------|---|
| David W. Lacefield        | President                                       |
| C. David Emery            | Senior Vice President and Chief Claims Officer  |
| Bruce W. Heen             | Senior Vice President, Accounting and Treasurer |
| Stephen P. Russell        | Senior Vice President, Actuarial                |
| Russell K. Crouch         | Vice President, Special Services                |
| Danny E. Laffey           | Vice President, Information Systems             |
| Michael W. Peters         | Vice President, Product Integrity               |
| C. Ray Smith, III         | Vice President, Claims                          |
| Fred H. Wright            | Vice President                                  |
| Robert J. McLaughlin, Jr. | Secretary                                       |

**Directors**

David W. Lacefield, Chairman  
Russell K. Crouch  
John W. McCullough  
George M. Orin\*  
Ingo F. Schaefer\*  
William M. Truska, III\*

\* Residents of the State of Illinois