

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90123 010 \*\*\*150.00

**DOCUMENT # 827065**

**1. Entity Name**  
**VESTA FIRE INSURANCE CORPORATION**



**Principal Place of Business**  
**ONE SOUTH WACKER DRIVE SUITE 2710**  
**CHICAGO IL 60606**

**Mailing Address**  
**P.O. BOX 43360**  
**BIRMINGHAM AL 35243**

**2. Principal Place of Business**  
**6640 S. Cicero Ave.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
**Bedford Park, IL**  
**Zip**  
**60638**  
**Country**  
**USA**

**City & State**  
**Zip**  
**Country**

**4. FEI Number** **63-0598629**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>TAIT, JAMES E</b> <b>3760 RIVER RUN DRIVE</b> <b>BIRMINGHAM AL 35243</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>KORDUCKI, STEPHEN A</b> <b>3760 RIVER RUN DRIVE</b> <b>BIRMINGHAM AL 35243</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>CHANA, THOMAS J</b> <b>3760 RIVER RUN DRIVE</b> <b>BIRMINGHAM AL 35243</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CD</b> <b>BARRON, GERALD K.</b> <b>3760 RIVER RUN DRIVE</b> <b>BIRMINGHAM AL 35243</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VS</b> <b>GONZALES, ARTHUR J</b> <b>3760 RIVER RUN DRIVE</b> <b>BIRMINGHAM AL 35243</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>NOLEN, BOBBY L</b> <b>3760 RIVER RUN DRIVE</b> <b>BIRMINGHAM AL 35243</b>	<input type="checkbox"/> <b>Delete</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Y</b> <b>Russell, Stephen P.</b> <b>3760 River Run Drive</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Robert J. McLaughlin, Jr.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

*1/12/03 201.972-7138*

CR2E034 (10/02)

*Attchment # 82765/30020541*  
**OFFICERS AND DIRECTORS**  
**VESTA FIRE INSURANCE CORPORATION**

**December 31, 2002**

Russell K. Crouch	DV	3760 River Run Drive Birmingham, AL 35243
Michael W. Peters	V	3760 River Run Drive Birmingham, AL 35243
Fred H. Wright	V	3760 River Run Drive Birmingham, AL 35243
Robert J. McLaughlin, Jr.	S	3760 River Run Drive Birmingham, AL 35243
Leonard S. Caronia	D	3760 River Run Drive Birmingham, AL 35243
Michael A. Kaper	D	3760 River Run Drive Birmingham, AL 35243

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