

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P02142 (8)

1. Corporation Name

VESTA INSURANCE CORPORATION

**FILED OF
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 7:06

Principal Place of Business

Mailing Address

**3780 RIVER RUN DRIVE
P.O. BOX 43360
BIRMINGHAM AL 35243**

**3780 RIVER RUN DRIVE
P.O. BOX 43360
BIRMINGHAM AL 35243**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/22/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 63-0854319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, BARRY A	1.2 NAME	
STREET ADDRESS	3780 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	WETTERHAN, JOHN, C	2.2 NAME	
STREET ADDRESS	3780 RIVER RUN DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, ROBERT Y.	3.2 NAME	
STREET ADDRESS	3780 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	FLETCHER, CARL, R	4.2 NAME	
STREET ADDRESS	3780 RIVER RUN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, STEPHEN P.	5.2 NAME	
STREET ADDRESS	3780 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	6.2 NAME	
STREET ADDRESS	3780 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 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in both, with an address.

SIGNATURE: *Barry A. Patrick* **Barry Patrick, Sr. Vice President** 2/2/95 (205) 970-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (optional) (Page 8)