

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P02142**

**(8)**

1. Corporation Name:  
**VESTA INSURANCE CORPORATION**



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

Mailing Address  
**3760 RIVER RUN DRIVE**  
**P.O. BOX 43360**  
**BIRMINGHAM AL 35243-0360**

3. Date Incorporated or Qualified: **05/22/1984**  
 3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **63-0854319**  
 Applied For:  Not Applicable

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER**  
**THE 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>PATRICK, BARRY A</b>	
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>PC</b>	<input type="checkbox"/>
NAME	<b>HUFFMAN, ROBERT Y.</b>	
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/>
NAME	<b>FLETCHER, CARL, R</b>	
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/>
NAME	<b>LEONARD, STEPHEN P.</b>	
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>MCCLELLAN, MAUREEN</b>	
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE	<b>Executive Vice</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry A. Patrick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)