

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02142 (8)**

1. Corporation Name  
**VESTA INSURANCE CORPORATION**



Principal Place of Business <b>3760 RIVER RUN DRIVE                  P.O. BOX 43360                  BIRMINGHAM AL 35243</b>	Mailing Address <b>3760 RIVER RUN DRIVE                  P.O. BOX 43360                  BIRMINGHAM AL 35243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1984</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>63-0854319</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THE FLORIDA INSURANCE COMMISSIONER                  THE CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	1.1 TITLE	<b>V/D</b>
NAME	<b>PATRICK, BARRY A</b>	1.2 NAME	<b>PATRICK, BARRY A.</b>
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	1.3 STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	1.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35243</b>
TITLE	<b>PC</b>	2.1 TITLE	<b>C/D</b>
NAME	<b>HUFFMAN, ROBERT Y.</b>	2.2 NAME	<b>HUFFMAN, ROBERT Y.</b>
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	2.3 STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	2.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35243</b>
TITLE	<b>EV</b>	3.1 TITLE	<b>P/D</b>
NAME	<b>FLETCHER, CARL R</b>	3.2 NAME	<b>GAYLE, NORMAN W. III</b>
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	3.3 STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	3.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35243</b>
TITLE	<b>VT</b>	4.1 TITLE	<b>V</b>
NAME	<b>LEONARD, STEPHEN P.</b>	4.2 NAME	<b>ANGELL, CHARLES M.</b>
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	4.3 STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	4.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35243</b>
TITLE	<b>S</b>	5.1 TITLE	<b>V</b>
NAME	<b>MCCLELLAN, MAUREEN</b>	5.2 NAME	<b>COONEY, ROBERT K.</b>
STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>	5.3 STREET ADDRESS	<b>3760 RIVER RUN DRIVE</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	5.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35243</b>
TITLE		6.1 TITLE	<b>SEE ATTACHED LIST</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 to an address.

SIGNATURE: *Peter Hildebrand* **PETER HILDEBRAND** 3-30-98 205-970-7000

CR2E034 (10/97)

**VESTA INSURANCE CORPORATION**

<b><u>Officers &amp; Directors</u></b>	<b><u>Title Code</u></b>	<b><u>Title Name</u></b>
Robert Y. Huffman	C/D	Chairman
Norman W. Gayle, III	P/D	President, Chief Executive Officer and Chief Operating Officer
Barry A. Patrick	V/D	Executive Vice President-Administration and Assistant Treasurer
Charles M. Angell	V	Senior Vice President-Insurance Operations
Robert K. Cooney	V	Senior Vice President-Reinsurance Assumed
Robin H. Etheridge	V	Senior Vice President-Reinsurance Assumed
Brian R. Meredith	V/T	Senior Vice President-Finance and Treasurer
Bobby L. Nolen	V	Senior Vice President-Field Operations
Donald W. Thornton	V/S/D	Senior Vice President-General Counsel and Secretary
David L. Feely	V	Vice President-Reinsurance Services
X Peter J. Hildebrand	V	Vice President-Claims and Regulatory Compliance
Stephen P. Russell	V	Vice President-Actuarial
Stephen P. Solimine	V	Vice President-Marketing
Mary Beth Heibein		Controller, Principal Accounting Officer, Assistant Treasurer & Assistant Secretary

The business address for each of the above listed officers and directors is as follows:

3760 River Run Drive  
Birmingham, AL 35243