

FRENCH JSM
Form 4
February 18, 2003

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

1. Name and Address of Reporting Person*

| | |
|----------|------------------------|
| (Last) | French |
| (First) | James |
| (Middle) | S.M. |
| (Street) | 2801 Highway 280 South |
| (City) | Birmingham |
| (State) | Alabama |
| (Zip) | 35223 |

2. Issuer Name and Ticker or Trading Symbol

| | |
|----------------------------|-----------------------------|
| (Issuer Name) | Protective Life Corporation |
| (Ticker or Trading Symbol) | PL |

3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)

| | |
|---------------|--|
| (I.D. Number) | |
|---------------|--|

4. Statement for Month/Day/Year

| | |
|-------------|-------------|
| (Month/Day) | February 14 |
| (Year) | 2003 |

5. If Amendment, Date of Original (Month/Day/Year)

| | |
|-------------|--|
| (Month/Day) | |
| (Year) | |

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

X

| | |
|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | (Director) |
| <input type="checkbox"/> | (Officer, give title below) |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | (10% Owner) |
| <input type="checkbox"/> | (Other, specify below) |
| <input type="checkbox"/> | |

7. Individual or Joint/Group Filing (Check Applicable Line)

X

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Form filed by One Reporting Person |
| <input type="checkbox"/> | Form filed by More than One Reporting Person |

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|--|--|--|--|--|--|
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| | | | | | |

Explanation of Responses:

/s/ JAMES S.M. FRENCH

**Signature of Reporting Person

BY: Nancy Kane

Attorney-in-Fact

FEBRUARY 17, 2003

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.