

FRENCH JSM  
Form 4  
April 10, 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)	April 9
(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"/>	



