

PROTECTIVE LIFE CORP
 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)	Molinari
(First)	Susan
(Middle)	
(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

Edgar Filing: PROTECTIVE LIFE CORP - Form 4

Explanation of Responses:

/s/ SUSAN MOLINARI
**Signature of Reporting Person

FEBRUARY 14, 2003
Date

BY: Nancy Kane

Attorney-in-Fact

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.