

PORTERA MALCOLM
 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) | Portera |
| (First) | Malcolm |
| (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) | 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"/> | |

