



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		<input type="text" value="176974.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="201728.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20116.41"/>	<input type="text" value="59870.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="221845.22"/>	<input type="text" value="236845.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40500.00"/>	<input type="text" value="55500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="181345.22"/>	<input type="text" value="181345.22"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17432.01	48567.37
(ii) Unitemized .....	2684.40	11302.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20116.41	59870.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20116.41	59870.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20116.41	59870.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20116.41	59870.35

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	55500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40500.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40500.00	55500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20116.41	59870.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20116.41	59870.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. ADAME, KARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) VP FEDERAL GOVT AFFAIRS
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2026  
**Transaction ID : B003614S000001L11A1**

Amount of Each Receipt this Period  
125.00

Memo Item  
**PAYROLL DEDUCTION**

**B. ADAME, KARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) VP FEDERAL GOVT AFFAIRS
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2026  
**Transaction ID : B003616S000001L11A1**

Amount of Each Receipt this Period  
125.00

Memo Item  
**PAYROLL DEDUCTION**

**C. BAKER, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SR DIRECTOR ACCOUNT MGMT
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2026  
**Transaction ID : B003614S000004L11A1**

Amount of Each Receipt this Period  
50.00

Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. BAKER, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SR DIRECTOR ACCOUNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000004L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. BARTLETT, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3155 PINE RIDGE ROAD  
 City BIRMINGHAM State AL Zip Code 35213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP CORPORATE TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000005L11A1**  
 Amount of Each Receipt this Period 208.50  
 Memo Item  
**PAYROLL DEDUCTION**

**C. BARTLETT, MALCOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3155 PINE RIDGE ROAD  
 City BIRMINGHAM State AL Zip Code 35213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP CORPORATE TAX  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000005L11A1**  
 Amount of Each Receipt this Period 208.50  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	467.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BERN, LEIGH, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP CHIEF FIN ACTUARY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
566.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2026

**Transaction ID : B003614S000006L11A1**

Amount of Each Receipt this Period  
108.70

Memo Item  
PAYROLL DEDUCTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BERN, LEIGH, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP CHIEF FIN ACTUARY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
566.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2026

**Transaction ID : B003616S000006L11A1**

Amount of Each Receipt this Period  
108.70

Memo Item  
PAYROLL DEDUCTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BIELLEN, RICHARD, , ,

Mailing Address 3720 WIMBLETON LANE

City BIRMINGHAM	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION	Occupation (for Individual) CHIEF EXECUTIVE OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4017.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2026

**Transaction ID : B003614S000007L11A1**

Amount of Each Receipt this Period  
669.50

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	886.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. BIELEN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3720 WIMBLETON LANE  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4017.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000007L11A1**  
 Amount of Each Receipt this Period 669.50  
 Memo Item  
**PAYROLL DEDUCTION**

**B. BLACK, LANCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1817 SURREY OAKS LANE  
 City VESTAVIA State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) EVP ACQUIS & CORP DEV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1812.48

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000008L11A1**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
**PAYROLL DEDUCTION**

**C. BLACK, LANCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1817 SURREY OAKS LANE  
 City VESTAVIA State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) EVP ACQUIS & CORP DEV  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1812.48

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000008L11A1**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1294.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. BOATRIGHT, EDNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 TAL HEIM CIRCLE  
 City BIRMINGHAM State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP MARKETING OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.12

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000009L11A1**  
 Amount of Each Receipt this Period 106.08  
 Memo Item  
 PAYROLL DEDUCTION

**B. BOATRIGHT, EDNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 TAL HEIM CIRCLE  
 City BIRMINGHAM State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP MARKETING OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.12

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000009L11A1**  
 Amount of Each Receipt this Period 106.08  
 Memo Item  
 PAYROLL DEDUCTION

**C. BORDONARO, BRITTNI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP HD OF CORP COMM& BRAND  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 409.36

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000010L11A1**  
 Amount of Each Receipt this Period 70.12  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. BORDONARO, BRITTNIE, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>VP HD OF CORP COMM&amp; BRAND</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**409.36**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000010L11A1**

Amount of Each Receipt this Period  
**70.12**

Memo Item  
**PAYROLL DEDUCTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BUCK, ANDREW, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>SVP AND SENIOR COUNSEL</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2169.60**

Date of Receipt  
**03 / 15 / 2026**

**Transaction ID : B003614S000013L11A1**

Amount of Each Receipt this Period  
**361.60**

Memo Item  
**PAYROLL DEDUCTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. BUCK, ANDREW, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>SVP AND SENIOR COUNSEL</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2169.60**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000013L11A1**

Amount of Each Receipt this Period  
**361.60**

Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>793.32</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BYRD, KENNETH, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP OPERATIONS
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2026

**Transaction ID : B003614S000015L11A1**

Amount of Each Receipt this Period  
208.34

Memo Item  
PAYROLL DEDUCTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BYRD, KENNETH, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP OPERATIONS
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2026

**Transaction ID : B003616S000015L11A1**

Amount of Each Receipt this Period  
208.34

Memo Item  
PAYROLL DEDUCTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CARTER, ELIZABETH, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) VP HEAD OF CX OPERATIONS
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
656.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2026

**Transaction ID : B003614S000018L11A1**

Amount of Each Receipt this Period  
109.38

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	526.06
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. CARTER, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF CX OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 656.28

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000018L11A1**  
 Amount of Each Receipt this Period 109.38  
 Memo Item  
**PAYROLL DEDUCTION**

**B. CASH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 711.22

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000019L11A1**  
 Amount of Each Receipt this Period 120.61  
 Memo Item  
**PAYROLL DEDUCTION**

**C. CASH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 711.22

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000019L11A1**  
 Amount of Each Receipt this Period 120.61  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. COOK, DUNCAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP HEAD OF ALM & CAP PLNG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000024L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**B. COOK, DUNCAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP HEAD OF ALM & CAP PLNG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000024L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**C. CRAMER, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP CHIEF PROD OFF RET EB  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000025L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. CRAMER, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP CHIEF PROD OFF RET EB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000025L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**B. CREUTZMANN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP CCO & SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000026L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**C. CREUTZMANN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP CCO & SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000026L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. CROPENBAKER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP EXEC BENEFITS MKTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000027L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
**PAYROLL DEDUCTION**

**B. CROPENBAKER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP EXEC BENEFITS MKTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000027L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
**PAYROLL DEDUCTION**

**C. CURRIER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP COMPLIANCE REGULATORY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000028L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	312.51
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CURRIER, MICHAEL, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>VP COMPLIANCE REGULATORY</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**625.02**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000028L11A1**

Amount of Each Receipt this Period  
**104.17**

Memo Item  
**PAYROLL DEDUCTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DAWKINS, RYAN, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE INSURANCE COMPANY</b>	Occupation (for Individual) <b>VP HEAD OF TMO STRATEGY</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**434.38**

Date of Receipt  
**03 / 15 / 2026**

**Transaction ID : B003614S000029L11A1**

Amount of Each Receipt this Period  
**74.69**

Memo Item  
**PAYROLL DEDUCTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DAWKINS, RYAN, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE INSURANCE COMPANY</b>	Occupation (for Individual) <b>VP HEAD OF TMO STRATEGY</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**434.38**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000029L11A1**

Amount of Each Receipt this Period  
**74.69**

Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>253.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. DUDNEY, SHANNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP FP&A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000032L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. DUDNEY, SHANNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP FP&A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000032L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**C. EVESQUE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4230 CLAIRMONT AVE S  
 City BIRMINGHAM State AL Zip Code 35222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) EVP AND CHRO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000035L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. EVESQUE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4230 CLAIRMONT AVE S  
 City BIRMINGHAM State AL Zip Code 35222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) EVP AND CHRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000035L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**B. FENG, YANJIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF EXPR ACTUARIAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000037L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**C. FENG, YANJIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF EXPR ACTUARIAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000037L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. FOSTER, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP AND MANAGING COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000038L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. FOSTER, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP AND MANAGING COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000038L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**C. HALE, JEFFERY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SR DIR NETWORK CONTROL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 348.80

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000044L11A1**  
 Amount of Each Receipt this Period 59.40  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	159.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. HALE, JEFFERY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SR DIR NETWORK CONTROL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 348.80

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000044L11A1**  
 Amount of Each Receipt this Period 59.40  
 Memo Item  
**PAYROLL DEDUCTION**

**B. HARDEMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000046L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**C. HARDEMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP FINANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000046L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	476.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. HARRISON, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ABBEY LANE  
 City BIRMINGHAM State AL Zip Code 35226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VICE CHAIRMAN & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1624.98

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000047L11A1**  
 Amount of Each Receipt this Period 270.83  
 Memo Item  
 PAYROLL DEDUCTION

**B. HARRISON, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ABBEY LANE  
 City BIRMINGHAM State AL Zip Code 35226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VICE CHAIRMAN & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1624.98

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000047L11A1**  
 Amount of Each Receipt this Period 270.83  
 Memo Item  
 PAYROLL DEDUCTION

**C. HASLEM, JERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) PRODUCT OWNER II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000048L11A1**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	581.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. HASLEM, JERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) PRODUCT OWNER II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000048L11A1**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 PAYROLL DEDUCTION

**B. HEADLEY, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SR ANALYST BUSINESS SYS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.82

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000050L11A1**  
 Amount of Each Receipt this Period 42.53  
 Memo Item  
 PAYROLL DEDUCTION

**C. HEADLEY, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SR ANALYST BUSINESS SYS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.82

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000050L11A1**  
 Amount of Each Receipt this Period 42.53  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.06
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. HERRING, DERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6123 EAGLE POINT CIRCLE  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP AND CHIEF AUDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000052L11A1**  
 Amount of Each Receipt this Period 208.50  
 Memo Item  
**PAYROLL DEDUCTION**

**B. HERRING, DERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6123 EAGLE POINT CIRCLE  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP AND CHIEF AUDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000052L11A1**  
 Amount of Each Receipt this Period 208.50  
 Memo Item  
**PAYROLL DEDUCTION**

**C. KARCHUNAS, MARSHALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14814 BROOKHAVEN PLACE  
 City CHESTERFIELD State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP AND PRESIDENT APD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1634.16

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000058L11A1**  
 Amount of Each Receipt this Period 272.36  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	689.36
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. KARCHUNAS, MARSHALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14814 BROOKHAVEN PLACE  
 City CHESTERFIELD State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP AND PRESIDENT APD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.16

Date of Receipt **03 / 31 / 2026**  
**Transaction ID : B003616S000058L11A1**  
 Amount of Each Receipt this Period 272.36  
 Memo Item  
**PAYROLL DEDUCTION**

**B. KNIGHTEN, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.38

Date of Receipt **03 / 15 / 2026**  
**Transaction ID : B003614S000059L11A1**  
 Amount of Each Receipt this Period 61.25  
 Memo Item  
**PAYROLL DEDUCTION**

**C. KNIGHTEN, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.38

Date of Receipt **03 / 31 / 2026**  
**Transaction ID : B003616S000059L11A1**  
 Amount of Each Receipt this Period 61.25  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	394.86
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KOHLER, MATTHEW, , ,**

Mailing Address **2840 OVERTON ROAD**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>SVP CHIEF INFORMATION OFF</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**933.34**

Date of Receipt  
**03 / 15 / 2026**

**Transaction ID : B003614S000060L11A1**

Amount of Each Receipt this Period  
**158.33**

Memo Item  
**PAYROLL DEDUCTION**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KOHLER, MATTHEW, , ,**

Mailing Address **2840 OVERTON ROAD**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>SVP CHIEF INFORMATION OFF</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**933.34**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000060L11A1**

Amount of Each Receipt this Period  
**158.33**

Memo Item  
**PAYROLL DEDUCTION**

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**KURTZ, RICHARD, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE INSURANCE COMPANY</b>	Occupation (for Individual) <b>SVP CHIEF DISTR OFFICER</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1045.26**

Date of Receipt  
**03 / 15 / 2026**

**Transaction ID : B003614S000062L11A1**

Amount of Each Receipt this Period  
**177.43**

Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>494.09</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. KURTZ, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP CHIEF DISTR OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1045.26

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000062L11A1**  
 Amount of Each Receipt this Period 177.43  
 Memo Item  
 PAYROLL DEDUCTION

**B. LANE, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF DX AND ESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000063L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
 PAYROLL DEDUCTION

**C. LANE, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF DX AND ESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000063L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.77
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. LAWRENCE, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5209 WESTWOOD DRIVE  
 City BETHESDA State MD Zip Code 20816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000065L11A1**  
 Amount of Each Receipt this Period 208.50  
 Memo Item  
 PAYROLL DEDUCTION

**B. LAWRENCE, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5209 WESTWOOD DRIVE  
 City BETHESDA State MD Zip Code 20816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000065L11A1**  
 Amount of Each Receipt this Period 208.50  
 Memo Item  
 PAYROLL DEDUCTION

**C. LABEL, DOMINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP CHIEF RISK OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1887.50

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000066L11A1**  
 Amount of Each Receipt this Period 318.75  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	735.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. LEBEL, DOMINIQUE, , ,**

Mailing Address **2801 HIGHWAY 280 SOUTH**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35223</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE INSURANCE COMPANY</b>	Occupation (for Individual) <b>SVP CHIEF RISK OFFICER</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1887.50**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000066L11A1**

Amount of Each Receipt this Period  
**318.75**

Memo Item  
**PAYROLL DEDUCTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LOPER, DAVID, , ,**

Mailing Address **1300 27TH PLACE SOUTH #32**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35205</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>VP HD OF COMM AFF&amp;SUSTAIN</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1250.04**

Date of Receipt  
**03 / 15 / 2026**

**Transaction ID : B003614S000068L11A1**

Amount of Each Receipt this Period  
**208.34**

Memo Item  
**PAYROLL DEDUCTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. LOPER, DAVID, , ,**

Mailing Address **1300 27TH PLACE SOUTH #32**

City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35205</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>PROTECTIVE LIFE CORPORATION</b>	Occupation (for Individual) <b>VP HD OF COMM AFF&amp;SUSTAIN</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1250.04**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : B003616S000068L11A1**

Amount of Each Receipt this Period  
**208.34**

Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>735.43</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. MCNALIS, BRANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF DATA AND AI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000070L11A1**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. MCNALIS, BRANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HEAD OF DATA AND AI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000070L11A1**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
**PAYROLL DEDUCTION**

**C. MEYER, JENNEFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 GRAND COVE PLACE  
 City MADISON State AL Zip Code 35758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HD OF MKTG RES & STRAT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000073L11A1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. MEYER, JENNEFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 GRAND COVE PLACE  
 City MADISON State AL Zip Code 35758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HD OF MKTG RES & STRAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000073L11A1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. NEWBERRY, COLLIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 25TH ST NORTH, UNIT 201  
 City BIRMINGHAM State AL Zip Code 35203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) PRINCIPAL FINANCIAL RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.10

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000076L11A1**  
 Amount of Each Receipt this Period 36.25  
 Memo Item  
**PAYROLL DEDUCTION**

**C. NEWBERRY, COLLIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 25TH ST NORTH, UNIT 201  
 City BIRMINGHAM State AL Zip Code 35203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) PRINCIPAL FINANCIAL RPTG  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.10

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000076L11A1**  
 Amount of Each Receipt this Period 36.25  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. NIEMEYER, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP UNDERWRITING OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000077L11A1**  
 Amount of Each Receipt this Period 104.14  
 Memo Item  
**PAYROLL DEDUCTION**

**B. NIEMEYER, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP UNDERWRITING OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000077L11A1**  
 Amount of Each Receipt this Period 104.14  
 Memo Item  
**PAYROLL DEDUCTION**

**C. NUSZKOWSKI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HD OF APD INT STRATEGY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1060.36

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000079L11A1**  
 Amount of Each Receipt this Period 180.80  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	389.14
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. NUSZKOWSKI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP HD OF APD INT STRATEGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.36

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000079L11A1**  
 Amount of Each Receipt this Period 180.80  
 Memo Item  
 PAYROLL DEDUCTION

**B. ORDONEZ, LUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP EXEC BENEFITS DISTR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.97

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000081L11A1**  
 Amount of Each Receipt this Period 144.69  
 Memo Item  
 PAYROLL DEDUCTION

**C. PASSAFIUME, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1033 LAKE COLONY LANE  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) EVP CHIEF INVESTMENT OFF  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1395.84

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000082L11A1**  
 Amount of Each Receipt this Period 239.58  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.07
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. PASSAFIUME, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1033 LAKE COLONY LANE  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) EVP CHIEF INVESTMENT OFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1395.84

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000083L11A1**  
 Amount of Each Receipt this Period 239.58  
 Memo Item  
**PAYROLL DEDUCTION**

**B. PEELER, RACHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000083L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
**PAYROLL DEDUCTION**

**C. PEELER, RACHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000084L11A1**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	447.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. PEEVY, MELINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP AND MANAGING COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000084L11A1**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
**PAYROLL DEDUCTION**

**B. PEEVY, MELINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP AND MANAGING COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000085L11A1**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
**PAYROLL DEDUCTION**

**C. PICKLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP ACQUISITION & CORP DEV  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000085L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	291.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. PICKLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP ACQUISITION & CORP DEV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000086L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**B. PUGH, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP & CHIEF ACCTG OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000090L11A1**  
 Amount of Each Receipt this Period 231.25  
 Memo Item  
**PAYROLL DEDUCTION**

**C. PUGH, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP & CHIEF ACCTG OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000091L11A1**  
 Amount of Each Receipt this Period 231.25  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. REDMOND, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP STATE GOVT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 612.52

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000091L11A1**  
 Amount of Each Receipt this Period 104.44  
 Memo Item  
**PAYROLL DEDUCTION**

**B. REDMOND, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP STATE GOVT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 612.52

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000092L11A1**  
 Amount of Each Receipt this Period 104.44  
 Memo Item  
**PAYROLL DEDUCTION**

**C. RODGERS, BRADFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP AND SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000093L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	417.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. RODGERS, BRADFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) SVP AND SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000094L11A1**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
**PAYROLL DEDUCTION**

**B. SCHUCH, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 MARHIL COURT  
 City CRYSTAL LAKE State IL Zip Code 60014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP RETIRE PROD STRATEGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.58

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000097L11A1**  
 Amount of Each Receipt this Period 46.69  
 Memo Item  
**PAYROLL DEDUCTION**

**C. SCHUCH, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 MARHIL COURT  
 City CRYSTAL LAKE State IL Zip Code 60014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP RETIRE PROD STRATEGY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.58

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000098L11A1**  
 Amount of Each Receipt this Period 46.69  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	301.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SEURKAMP, AARON, , ,

Mailing Address 8504 IVY TRAILS DRIVE

City CINCINNATI	State OH	Zip Code 45244
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP PRES PROTECT & RETIRE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2026

**Transaction ID : B003614S000098L11A1**

Amount of Each Receipt this Period  
208.34

Memo Item  
PAYROLL DEDUCTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SEURKAMP, AARON, , ,

Mailing Address 8504 IVY TRAILS DRIVE

City CINCINNATI	State OH	Zip Code 45244
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP PRES PROTECT & RETIRE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2026

**Transaction ID : B003616S000099L11A1**

Amount of Each Receipt this Period  
208.34

Memo Item  
PAYROLL DEDUCTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SMITH, WES, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION	Occupation (for Individual) VP SENIOR COUNSEL
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2026

**Transaction ID : B003614S000101L11A1**

Amount of Each Receipt this Period  
50.32

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	467.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. SMITH, WES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) VP SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.08

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000102L11A1**  
 Amount of Each Receipt this Period 50.32  
 Memo Item  
**PAYROLL DEDUCTION**

**B. THRASHER, SHERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP CORPORATE CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000105L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

**C. THRASHER, SHERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) VP CORPORATE CONTROLLER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000106L11A1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. WELLS, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4030 HIGHLAND RIDGE ROAD  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) PRESIDENT & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000111L11A1**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
**PAYROLL DEDUCTION**

**B. WELLS, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4030 HIGHLAND RIDGE ROAD  
 City BIRMINGHAM State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION Occupation (for Individual) PRESIDENT & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 03 / 31 / 2026  
**Transaction ID : B003616S000112L11A1**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
**PAYROLL DEDUCTION**

**C. WHITCOMB, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 HIGHWAY 280 SOUTH  
 City BIRMINGHAM State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY Occupation (for Individual) SVP ACCT MGMT & STRATEGY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 287.36

Date of Receipt 03 / 15 / 2026  
**Transaction ID : B003614S000114L11A1**  
 Amount of Each Receipt this Period 48.84  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	673.84
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A. WHITCOMB, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP ACCT MGMT & STRATEGY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.36

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

**Transaction ID : B003616S000115L11A1**

Amount of Each Receipt this Period  
48.84

Memo Item  
PAYROLL DEDUCTION

**B. WILLIAMS, DOYLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP CHIEF MKTG OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.02

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 15 / 2026

**Transaction ID : B003614S000115L11A1**

Amount of Each Receipt this Period  
104.17

Memo Item  
PAYROLL DEDUCTION

**C. WILLIAMS, DOYLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE INSURANCE COMPANY	Occupation (for Individual) SVP CHIEF MKTG OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
625.02

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

**Transaction ID : B003616S000116L11A1**

Amount of Each Receipt this Period  
104.17

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILLIAMS, EARLISHA, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION	Occupation (for Individual) VP AND SR HR PARTNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		15		2026

**Transaction ID : B003614S000116L11A1**

Amount of Each Receipt this Period  
208.34

Memo Item  
PAYROLL DEDUCTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILLIAMS, EARLISHA, , ,

Mailing Address 2801 HIGHWAY 280 SOUTH

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PROTECTIVE LIFE CORPORATION	Occupation (for Individual) VP AND SR HR PARTNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2026

**Transaction ID : B003616S000117L11A1**

Amount of Each Receipt this Period  
208.34

Memo Item  
PAYROLL DEDUCTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.68
<b>TOTAL</b> This Period (last page this line number only).....	17432.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. BEATTY FOR CONGRESS**

Mailing Address 222 EAST TOWN STREET  
SUITE 2W

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

BEATTY, JOYCE, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00507368

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. EMMER FOR CONGRESS**

Mailing Address PO BOX 279

City  
ELK RIVER

State  
MN

Zip Code  
55330

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

EMMER, THOMAS, EARL, , JR

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00545749

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. RON ESTES FOR CONGRESS**

Mailing Address PO BOX 782952

City  
WICHITA

State  
KS

Zip Code  
67278

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

ESTES, RON, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00632067

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. BRIAN FITZPATRICK FOR ALL OF US**

Mailing Address PO BOX 939

City  
LANGHORNE

State  
PA

Zip Code  
19047

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Category/  
Type

Candidate Name  
FITZPATRICK, BRIAN, , ,

Office Sought:  House  
 Senate  
 President  
State: PA District: 01

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C00607416

**Transaction ID : B003613S000**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. TEAM HILL**

Mailing Address PO BOX 7244

City  
LITTLE ROCK

State  
AR

Zip Code  
72217

Purpose of Disbursement  
2026 GENERAL ELECTION

011

Category/  
Type

Candidate Name  
HILL, FRENCH, , ,

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C00773903

**Transaction ID : B003613S000**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFFRIES FOR CONGRESS**

Mailing Address PO BOX 380438  
FULTON

City  
BROOKLYN

State  
NY

Zip Code  
11238

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Category/  
Type

Candidate Name  
JEFFRIES, HAKEEM, , ,

Office Sought:  House  
 Senate  
 President  
State: NY District: 08

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C00503052

**Transaction ID : B003613S000**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

### A. LICCARDO FOR CONGRESS

Mailing Address 1750 MERIDIAN AVE  
#3925

City  
SAN JOSE

State  
CA

Zip Code  
95125

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

LICCARDO, SAM, T, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00858688

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

### B. NATHANIEL MORAN FOR CONGRESS

Mailing Address 100 E FERGUSON  
SUITE 500

City  
TYLER

State  
TX

Zip Code  
75702

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

MORAN, NATHANIEL, QUENTIN, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: TX District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00796086

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

### C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 718

City  
SPRINGFIELD

State  
MA

Zip Code  
01101

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

NEAL, RICHARD, E, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00226522

Transaction ID : B003613S000

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4	5	0	0	0	0	0	0	0	0


**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. IOWANS FOR ZACH NUNN**

Mailing Address PO BOX 8036

City  
DES MOINES

State  
IA

Zip Code  
50301

Purpose of Disbursement  
2026 GENERAL ELECTION

011

Category/  
Type

Candidate Name

NUNN, ZACH, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00784389

Transaction ID : B003613S000

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. GARY PALMER FOR CONGRESS**

Mailing Address 1919 OXMOOR  
ROAD #235

City  
BIRMINGHAM

State  
AL

Zip Code  
36209

Purpose of Disbursement  
2026 GENERAL ELECTION

011

Category/  
Type

Candidate Name

PALMER, GARY, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: AL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00551374

Transaction ID : B003613S000

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. JIMMY PANETTA FOR CONGRESS**

Mailing Address PO BOX 103

City  
CARMEL VALLEY

State  
CA

Zip Code  
93924

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Category/  
Type

Candidate Name

PANETTA, JIMMY, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00592154

Transaction ID : B003613S000

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

9	0	0	0	0	0	0	0	0	0


**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. MIKE ROGERS FOR CONGRESS**

Mailing Address 123 EAST 13TH STREET

City  
ANNISTON

State  
AL

Zip Code  
36201

Purpose of Disbursement  
2026 GENERAL ELECTION

011

Candidate Name

ROGERS, MICHAEL, 'MIKE', ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2026

FEC Identification Number

C C00367862

Transaction ID : B003613S000

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. JASON SMITH FOR CONGRESS**

Mailing Address 4570 S HWY 19

City  
SALEM

State  
MO

Zip Code  
65560

Purpose of Disbursement  
2026 GENERAL ELECTION

011

Candidate Name

SMITH, JASON, T, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2026

FEC Identification Number

C C00541862

Transaction ID : B003613S000

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. SMUCKER FOR CONGRESS**

Mailing Address 248 STEEL WAYE AVE  
PO BOX 7066

City  
LANCASTER

State  
PA

Zip Code  
17601

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

SMUCKER, LLOYD, K, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2026

FEC Identification Number

C C00599464

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1000.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00
---------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. GREG STEUBE FOR CONGRESS**

Mailing Address 5317 FRUITVILLE RD  
102

City SARASOTA

State FL

Zip Code 34232

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

STEUBE, GREG, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: FL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00671891

**Transaction ID : B003613S000**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. DALE STRONG FOR CONGRESS**

Mailing Address PO BOX 18502

City HUNTSVILLE

State AL

Zip Code 35804

Purpose of Disbursement  
2026 GENERAL ELECTION

011

Candidate Name

STRONG, DALE, WHITNEY, ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: AL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00774281

**Transaction ID : B003613S000**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. CLAUDIA TENNEY FOR CONGRESS**

Mailing Address PO BOX 378

City VICTOR

State NY

Zip Code 14564

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Candidate Name

TENNEY, CLAUDIA, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C C00632828

**Transaction ID : B003613S000**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROTECTIVE LIFE CORPORATION FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City  
BALLWIN

State  
MO

Zip Code  
63022

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Category/  
Type

Candidate Name

WAGNER, ANN, L, ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2026

FEC Identification Number

C C00495846

Transaction ID : B003613S000

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WALBERG FOR CONGRESS**

Mailing Address 317 W WASHINGTON AVENUE

City  
JACKSON

State  
MI

Zip Code  
49204

Purpose of Disbursement  
2026 PRIMARY ELECTION

011

Category/  
Type

Candidate Name

WALBERG, TIMOTHY, L, ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: MI District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2026

FEC Identification Number

C C00390724

Transaction ID : B003613S000

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

40500.00