

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 821527 (9)

1. Corporation Name
ALFA LIFE INSURANCE CORPORATION

Principal Place of Business Mailing Address
**2100 EAST SOUTH BLVD.
P.O. BOX 11000
MONTGOMERY AL 36111**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/06/1968	3a. Date of Last Report 02/17/1994
4. FEI Number 63-0338648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25. 29. 30.	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signatures of current and proposed registered agents and title if applicable) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLIS, KEN	1.2 NAME	
STREET ADDRESS	3629 WILEY RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MONTGOMERY, AL 00000	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, GOODWIN L	2.2 NAME	
STREET ADDRESS	3840 ANTOINETTE DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MONTGOMERY, AL 00000	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN R.	3.2 NAME	
STREET ADDRESS	1ST NAT CORP OF ALEX CTY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ALEX CITY AL	3.4 CITY-STATE-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOZER, YOUNG J	4.2 NAME	
STREET ADDRESS	100 CHEROKEE RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TUSCALOOSA AL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMAISTRE, GEORGE A	5.2 NAME	
STREET ADDRESS	720 INDIAN HILLS	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TUSCALOOSA, AL 00000	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBY, JERRY	6.2 NAME	
STREET ADDRESS	RT 1 BOX 343 NA	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ATHENS AL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ken Wallis* 3/1/95 (334) 288-3900
(Signature of Registered Agent) Date Telephone Number