

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225:00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 821527 (9)**

1. Corporation Name:  
**ALFA LIFE INSURANCE CORPORATION**



Principal Place of Business: **2108 EAST SOUTH BLVD. P.O. BOX 11000 MONTGOMERY AL 36111**  
Mailing Address: **2108 EAST SOUTH BLVD P.O. BOX 11000 MONTGOMERY AL 36111**

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

3. Date Incorporated or Qualified: **06/06/1968** 3a. Date of Last Report: **03/08/1995**  
4. FEIN Number: **63-0338648** Applied For Not Applicable  
5. Corporation of States Declared:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:  
**INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL**

11. Pursuant to the provisions of Section 607.01(2)(b), Florida Statutes, the above signed corporate officer hereby certifies that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of Section 607.01(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME: <b>S WALLIS, KEN</b>	<input type="checkbox"/> OFFICER
STREET ADDRESS: <b>3629 WILEY RD</b>	
CITY, ST, ZIP: <b>MONTGOMERY, AL 00000</b>	
NAME: <b>PD MYRICK, GOODWIN L</b>	<input type="checkbox"/> OFFICER
STREET ADDRESS: <b>3840 ANTOINETTE DR.</b>	
CITY, ST, ZIP: <b>MONTGOMERY, AL 00000</b>	
NAME: <b>D THOMAS, JOHN R.</b>	<input type="checkbox"/> OFFICER
STREET ADDRESS: <b>1ST NAT CORP OF ALEX CTY</b>	
CITY, ST, ZIP: <b>ALEX CITY AL</b>	
NAME: <b>DV BOOZER, YOUNG J</b>	<input type="checkbox"/> OFFICER
STREET ADDRESS: <b>100 CHEROKEE RD</b>	
CITY, ST, ZIP: <b>TUSCALOOSA AL</b>	
NAME: <b>D LEMAISTRE, GEORGE A</b>	<input type="checkbox"/> OFFICER
STREET ADDRESS: <b>728 INDIAN HILLS</b>	
CITY, ST, ZIP: <b>TUSCALOOSA, AL 00000</b>	
NAME: <b>D NEWBY, JERRY</b>	<input type="checkbox"/> OFFICER
STREET ADDRESS: <b>RT 1 BOX 343 NA</b>	
CITY, ST, ZIP: <b>ATHENS AL</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 199.03(3)(b), Florida Statutes. I further certify that the information indicated on this form is a true and correct statement of the corporation 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 and that the name of the person whose name is being reported hereon is the registered agent of the corporation as provided in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attached sheet with an affidavit.

SIGNATURE: *Ken Wallis*  
FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996:  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition

**000001764270**  
**-04/01/96--01029--005**  
**\*\*\*200.00**

*JZ*  
*3-30*

3-12-96 334-288-3900

CR2E034 (12/95)