

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/06/1968

4. FEI Number
63-0338648

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ken Wallis
1.3 STREET ADDRESS	3629 Wiley Rd
1.4 CITY-ST-ZIP	Montgomery AL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	H. AL scott
2.4 CITY-ST-ZIP	6408 Wynwood Place
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David R. Penta* V.P. Taxes

CR2E034 (10/97)