

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90177 020 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 821527

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1968  
 4. FEI Number: 63-0338648 Applied For: Not Applicable  
 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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALLIS, KEN</b>	1.2 NAME	Ellis, C. Lee
STREET ADDRESS	<b>3629 WILEY RD</b>	1.3 STREET ADDRESS	2108 E South Blvd
CITY-ST-ZIP	<b>MONTGOMERY, AL 00000</b>	1.4 CITY-ST-ZIP	Montgomery AL
TITLE	<b>PD</b>	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYRICK, GOODWIN L</b>	2.2 NAME	Newby, Jerry A
STREET ADDRESS	<b>3840 ANTOINETTE DR.</b>	2.3 STREET ADDRESS	20405 Mooresville Road
CITY-ST-ZIP	<b>MONTGOMERY, AL 00000</b>	2.4 CITY-ST-ZIP	Athens AL 35613
TITLE	<b>D</b>	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, JOHN R.</b>	3.2 NAME	Wiggins Russell R
STREET ADDRESS	<b>1ST NAT CORP OF ALEX CTY</b>	3.3 STREET ADDRESS	Route 5, Box 228
CITY-ST-ZIP	<b>ALEX CITY AL</b>	3.4 CITY-ST-ZIP	Andalusia AL 36420
TITLE	<b>D</b>	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOOZER, YOUNG J</b>	4.2 NAME	Proctor David
STREET ADDRESS	<b>100 CHEROKEE RD</b>	4.3 STREET ADDRESS	2108 East South Blvd
CITY-ST-ZIP	<b>TUSCALOOSA AL</b>	4.4 CITY-ST-ZIP	Montgomery AL 36111
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMAISTRE, GEORGE A</b>	5.2 NAME	
STREET ADDRESS	<b>728 INDIAN HILLS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUSCALOOSA, AL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWBY, JERRY</b>	6.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 343 NA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATHENS AL</b>	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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/98)