

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821527

1. Entity Name

ALFA LIFE INSURANCE CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90354 047 ***150.00

Principal Place of Business

Mailing Address

2108 EAST SOUTH BLVD.
 P.O. BOX 11000
 MONTGOMERY AL 36111

2108 EAST SOUTH BLVD.
 P.O. BOX 11000
 MONTGOMERY AL 36191-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0338648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **T LEE, ELLIS C**
 STREET ADDRESS **2108 E. SOUTH BLVD.**
 CITY-ST-ZIP **MONTGOMERY AL**

TITLE Change Addition
 NAME **Ellis, C: Lee**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P NEWBY, JERRY A**
 STREET ADDRESS **20405 MOORESVILLE ROAD**
 CITY-ST-ZIP **ATHENS AL 35613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D THOMAS, JOHN R.**
 STREET ADDRESS **1ST NAT CORP OF ALEX CTY**
 CITY-ST-ZIP **ALEX CITY AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WIGGINS, RUSSEL R**
 STREET ADDRESS **ROUTE 6, BOX 228**
 CITY-ST-ZIP **ANDALUSIA AL 36420**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP PROCTOR, DAVID**
 STREET ADDRESS **2108 EAST SOUTH BLVD.**
 CITY-ST-ZIP **MONTGOMERY AL 36111**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NEWBY, JERRY**
 STREET ADDRESS **RT 1 BOX 343 NA**
 CITY-ST-ZIP **ATHENS AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Proctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

334-613-4266

Daytime Phone #

CR2E034 (9/99)