

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90108 042 ***150.00

DOCUMENT # 821527

1. Entity 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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00008659



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address PO BOX 1189
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Montgomery AL
Zip	Country
Country	Zip 36111-0189

4. FEI Number 63-0338648	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	T	<input type="checkbox"/> Delete
NAME	LEE, ELLIS C	
STREET ADDRESS	2108 E. SOUTH BLVD.	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEWBY, JERRY A	
STREET ADDRESS	20405 MOORESVILLE ROAD	
CITY-ST-ZIP	ATHENS AL 35613	
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	WIGGINS, RUSSEL R	
STREET ADDRESS	ROUTE 6, BOX 228	
CITY-ST-ZIP	ANDALUSIA AL 36420	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PROCTOR, DAVID	
STREET ADDRESS	2108 EAST SOUTH BLVD.	
CITY-ST-ZIP	MONTGOMERY AL 36111	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWBY, JERRY	
STREET ADDRESS	RT 1 BOX 343 NA	
CITY-ST-ZIP	ATHENS AL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellis, C. Lee	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20405 Mooresville Road	
CITY-ST-ZIP	Athens AL 35613	

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 R. Proctor* 1-12-01 334-613-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)