2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

ATHENS, AL 35613

May 02, 2005 8:00 am Secretary of State **DOCUMENT #821527** 05-02-2005 90382 043 ***150.00 1. Entity Name ALFA LIFE INSURANCE CORPORATION Principal Place of Business Mailing Address 14012158 2108 EAST SOUTH BLVD. PO BOX 11189 P.O. BOX 11000 MONTGOMERY, AL 36111 MONTGOMERY, AL 36111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 63-0338648 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SEE ATTACHED LISTING TITLE ☐ Delete TITLE Change Addilion NAME FILIS CILEE NAME STREET ADDRESS 2108 E. SOUTH BLVD. STREET ADDRESS CITY-ST-ZIP MONTGOMERY, AL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NEWBY, JERRY A NAME NAME STREET ADDRESS 20405 MOORESVILLE ROAD STREET ADDRESS CITY-ST-ZIP ATHENS, AL 35613 CITY-ST-ZIP TITI F TITLE Delete Change Addition NAME THOMAS, JOHN R. NAME STREET ADDRESS 1ST NAT CORP OF ALEX CTY STREET ADDRESS CITY-ST-ZIP ALEX CITY, AL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition WIGGINS, RUSSEL R NAME STREET ADDRESS ROUTE 6, BOX 228 STREET ADDRESS ANDALUSIA, AL 36420 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition PROCTOR, DAVID NAME NAME STREET ADDRESS 2108 EAST SOUTH BLVD. STREET ADDRESS CITY-ST-ZIP MONTGOMERY, AL 36111 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition **NEWBY, JERRY** NAME NAME STREET ADDRESS 20405 MOORESVILLE RD STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ALFA LIFE INSURANCE CORP. 2005 OFFICERS & DIRECTORS

PD JERRY A. NEWBY 20405 MOORESVILLE ROAD

ATHENS, AL 35613

VTD C. LEE ELLIS, III 2108 EAST SOUTH BLVD. MONTGOMERY, AL 36116

S H. AL SCOTT 608 WYNWOOD PLACE MONTGOMERY, AL 36117

V DAVID R. PROCTOR 2108 E. SOUTH BLVD MONTGOMERY, AL 36111

D STEVE DUNN ROUTE 1 BOX 369 EVERGREEN, AL 36401

D HAL LEE 571 LEE ROAD HARTSELLE, AL 35640 D RUSSEL R. WIGGINS ROUTE 5 BOX 228 ANDALUSIA, AL 36420

D DEAN WYSNER 1071 CR 27 WOODLAND, AL 36280

D JACOB C. HARPER 5680 HIGHWAY 10 EAST CAMDEN, AL 36726

D JOHN RUSSELL THOMAS P.O. BOX 1237 ALEX CITY, AL 35010

D B. PHIL RICHARDSON 3241 WARRENTON ROAD TUSCALOOSA, AL 35406

D LARRY E. NEWMAN 2 LAUREL VALLEY BIRMINGHAM, AL 35242

D BOYD CHRISTENBERRY 3156 ROLLING CIRCLE MONTGOMERY, AL 36111