
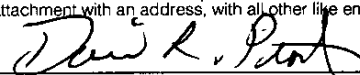


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90240 032 \*\*\*150.00

<b>DOCUMENT # 821527</b>					
1. Entity Name ALFA LIFE INSURANCE CORPORATION					
Principal Place of Business 2108 EAST SOUTH BLVD. P.O. BOX 11000 MONTGOMERY, AL 36111			Mailing Address PO BOX 11189 MONTGOMERY, AL 36111		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	SEE ATTACHED LISTING <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, C. LEE		NAME		
STREET ADDRESS	2108 E. SOUTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWBY, JERRY A		NAME		
STREET ADDRESS	20405 MOORESVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ATHENS, AL 35613		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, STEVE		NAME		
STREET ADDRESS	ROUTE 1 BOX 369		STREET ADDRESS		
CITY-ST-ZIP	EVERGREEN, AL 36401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGGINS, RUSSEL R		NAME		
STREET ADDRESS	ROUTE 5 BOX 228		STREET ADDRESS		
CITY-ST-ZIP	ANDALUSIA, AL 36420		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, DAVID		NAME		
STREET ADDRESS	2108 EAST SOUTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36111		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, HAL		NAME		
STREET ADDRESS	571 LEE RD		STREET ADDRESS		
CITY-ST-ZIP	HARTSELLE, AL 35640		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 5/1/06		Daytime Phone #: 334/613-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT  
20043969  
#821527

**ALFA LIFE INSURANCE CORP.  
2006 OFFICERS & DIRECTORS**

PD  
JERRY A. NEWBY  
20405 MOORESVILLE ROAD  
ATHENS, AL 35613

D  
RUSSEL R. WIGGINS  
ROUTE 5 BOX 228  
ANDALUSIA, AL 36420

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

D  
DEAN WYSNER  
1071 CR 27  
WOODLAND, AL 36280

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

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

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

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

D  
STEVE DUNN  
ROUTE 1 BOX 369  
EVERGREEN, AL 36401

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

D  
HAL LEE  
571 LEE ROAD  
HARTSELLE, AL 35640

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

D  
BOYD CHRISTENBERRY  
3156 ROLLING CIRCLE  
MONTGOMERY, AL 36111