2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821527

Entity Name: ALEA LIFE INSURANCE CORPORATION

FILED Apr 23, 2009 Secretary of State

Littly Name. ALI A LII E INGORANCE CORFORATION							
Current Principal Place of Business:				New Principal Place of Business:			
2108 EAST P.O. BOX 1 MONTGOM	1000			2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162410			
Current Mailing Address:				New Mailing Address:			
PO BOX 11189 MONTGOMERY, AL 36111				PO BOX 11189 MONTGOMERY, AL 361110189			
FEI Number:	63-0338648	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent							ed Agent:
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US							
The above in the State		y submits this statement for the	purpose of	changing it	s registered o	ffice or regist	ered agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent Date							
Election Cam	paign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VTD ELLIS, C. LE 2108 E. SOU MONTGOME	JTH BLVD.		Title: Name: Address: City-St-Zip:	()) Change()Add	dition
Title: Name: Address: City-St-Zip:	NEWBY, JEF	RESVILLE ROAD		Title: Name: Address: City-St-Zip:	PD (X NEWBY, JERR 2108 E. SOUTH MONTGOMERY	HBLVD.	dition
Title: Name: Address: City-St-Zip:	D DUNN, STEV ROUTE 1 BO EVERGREEN	X 369		Title: Name: Address: City-St-Zip:	D (X RUTLEDGE, ST 2108 E. SOUTH MONTGOMERY	H BLVD.	dition
Title: Name: Address: City-St-Zip:	D WIGGINS, R ROUTE 5 BO ANDALUSIA,	X 228		Title: Name: Address: City-St-Zip:	D (X, SCOTT, HERM, 2108 E. SOUTH MONTGOMER)	HBLVD.	dition
Title: Name: Address: City-St-Zip:	NICKLESS, 3 2108 EAST S	() Delete JEFFREY SOUTH BLVD. RY, AL 36111		Title: Name: Address: City-St-Zip:	V (X NICKLES, JEFF 2108 EAST SO MONTGOMERY	UTH BLVD.	dition
Title:	D	(X) Delete		Title:) Change () Ad	dition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY NICKLES VΡ 04/23/2009

(X) Delete

LEE, HAL

571 LEE RD

HARTSELLE, AL 35640

Name:

Address:

City-St-Zip:

() Change () Addition