2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 821527

Entity Name: ALFA LIFE INSURANCE CORPORATION

Current Principal Place of Business:

2108 EAST SOUTH BLVD.
MONTGOMERY, AL 361162410

New Principal Place of Business:

Current Mailing Address:

PO BOX 11189
MONTGOMERY, AL 361110189

New Mailing Address:

PO BOX 11000
MONTGOMERY, AL 361910001

FEI Number: 63-0338648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD
Name: ELLIS, C. LEE
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: PD
Name: NEWBY, JERRY A
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: D
Name: RUTLEDGE, STEPHEN G
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: SD
Name: SCOTT, HERMAN A
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

I hereby 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 all other like empowered.

SIGNATURE: ANGELA L. COONER VP 02/15/2011

Electronic Signature of Signing Officer or Director — Date