

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90077 016 ***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
**PO BOX 11189
MONTGOMERY AL 36111**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0338648**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIS, C. LEE	
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	20405 MOORESVILLE RD	
CITY-ST-ZIP	ATHENS AL 35613	

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
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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	

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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/19/03** Daytime Phone #: **334/288-3900**

CR2E034 (10/02)