

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821527

Entity Name: ALFA LIFE INSURANCE CORPORATION

Current Principal Place of Business:

2108 EAST SOUTH BLVD.
MONTGOMERY, AL 36116-2410

Current Mailing Address:

PO BOX 11000
MONTGOMERY, AL 36191-0001

FEI Number: 63-0338648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COONER, ANGELA L. ESQ.
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: ANGELA L. COONER

04/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PARNELL, JAMES L.
Address 2108 E. SOUTH BLVD.
City-State-Zip: MONTGOMERY AL 36116

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

Title SD
Name COONER, ANGELA L.
Address 2108 E. SOUTH BLVD.
City-State-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

SD

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date