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FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817087

(0)

1. Corporation Name

ALFA INSURANCE CORPORATION

Principal Place of Business

2108 EAST SOUTH BOULEVARD
P.O. BOX 11000
MONTGOMERY AL 36116-2410

Mailing Address

2108 EAST SOUTH BOULEVARD
P.O. BOX 11000
MONTGOMERY AL 36116-2410

3. Date Incorporated or Qualified

04/25/1962

3a. Date of Last Report

04/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

63-0351201

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NR

NEWBY, JERRY
RT. 1, 343
ATHENS AL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD

MYRICK, GOODWIN L
3840 ANTOINETTE
MONTGOMERY, AL 00000

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D

MOBLEY, JAMES EARL
RT 1
SHORTERVILLE, AL 0

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D

MORRIS, JOHN
2116 BONE DRY RD
WARRIOR AL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

S

WALLIS, KEN
3629 WILEY RD.
MONTGOMERY AL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D

TOLAR, JAMES A, JR
RT 2, BOX 220-D
MARION, AL 0

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

Director

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ken Wallis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

334-613-4609

Daytime Phone #

CR2E034 (9/96)