FILED

CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am DOCUMENT # **Secretary of State** 817087 1. Entity Name 02-07-2002 90015 001 \*\*\*150.00 ALFA INSURANCE CORPORATION Principal Place of Business Mailing Address 2108 EAST SOUTH BOULEVARD PO BOX 11189 P.O. BOX 11000 MONTGOMERY AL 36111-0189 MONTGOMERY AL 36116-2410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-0351201 Not Applicable \_ Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32304 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME NEWBY, JERRY STREET ADDRESS 20405 MOORESVILLE ROAD STREET ADDRESS CITY-ST-ZIP ATHENS AL 35613 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME SCOTT, H. A. STREET ADDRESS STREET ADDRESS 608 WYNWOOD PLACE CITY-ST-ZIP CITY-ST-7IP MONTGOMERY: AL 36117 ☐ Delete TITLE Change - Addition TITLE NAME NAME ELLIS, III., C. LEE STREET ADDRESS STREET ADDRESS 2108 E. SOUL BLVD CITY-ST-ZIP CITY-ST-ZIP montgomery al ☐ Addition TITLE ☐ Delete TITLE WYSNER, DEAN NAME STREET ADDRESS STREET ADDRESS 1071 CR 27 CITY-ST-ZIP CITY-ST-ZIP WOODLAND AL 36280 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME WIGGINS, RUSSEL R STREET ADDRESS **ROUTES 5 BOX 228** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANDOLUSIA AL 36420 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME TOLAR, JAMES A, JR NAME STREET ADDRESS RT 2, BOX 220-D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARION, AL 0 13. 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 11 or Block 12 if

**SIGNATURE:** 

changed, or on an attachment with an address, with all other like

Alfachment Doc#817087

## ALFA INSURANCE CORPORATION

308850

## **Directors**

Jerry A. Newby

Hal F. Lee

Russell Wiggins

Dean Wysner

James A. Tolar, Jr.

Steve Dunn

B. Phil Richardson

John Russell Thomas

**Elected Officers** 

Jerry A. Newby

President and CFO

C. Lee Ellis

Vice President

C. Lee Ellis

Treasurer

H. Al. Scott

Secretary

**Appointed Officers** 

C. Lee Ellis

Executive Vice President, Operations

H. Al Scott

Senior Vice President and General Counsel

Jimmy Azar

Senior Vice President, IA and Planning

John T. Jung

Senior Vice President, CIO

Terry McCollum

Senior Vice President, Claims

Stephen Rutledge

Senior Vice President, Investments and CFO

David R. Proctor

Vice President, Taxes

Darrell McNeal

Vice President, Georgia Marketing