2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2005 8:00 am Secretary of State **DOCUMENT #817087** 05-02-2005 90382 047 ***150.00 ALFA INSURANCE CORPORATION Principal Place of Business Mailing Address 2108 EAST SOUTH BOULEVARD PO BOX 11189 14012154 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 04252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 63-0351201 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FΙ 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE SEE ATTACHED LISTING ☐ Delete NEWBY, JERRY NAME NAME 20405 MOORESVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATHENS, AL 35613 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCOTT, H. A. 608 WYNWOOD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTGOMERY, AL 36117 CITY-ST-ZIP тпте ☐ Delete TITLE ☐ Change ☐ Addition ELLIS, III., C. LEE NAME NAME 2108 E. SOUL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTGOMERY, AL CiTY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition WYSNER, DEAN NAME NAME STREET ADDRESS 1071 CR 27 STREET ADDRESS CITY-ST-ZIP WOODLAND, AL 36280 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WIGGINS, RUSSEL R NAME NAME STREET ADDRESS **ROUTES 5 BOX 228** STREET ADDRESS CITY-ST-ZIP ANDOLUSIA, AL 36420 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NEWBY, JERRY A NAME NAME STREET ADDRESS 20405 MOORESVILLE RD. STREET ADDRESS ATHENS, AL 35613 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.

FILED

817087

ALFA INSURANCE CORP. 2005 OFFICERS & DIRECTORS

PD JERRY A. NEWBY 20405 MOORESVILLE ROAD ATHENS, AL 35613

VT C. LEE ELLIS, III 2108 EAST SOUTH BLVD. MONTGOMERY, AL 36116

S H. AL SCOTT 608 WYNWOOD PLACE MONTGOMERY, AL 36117

V DAVID R. PROCTOR 2108 E. SOUTH BLVD MONTGOMERY, AL 36111

D HAL LEE 571 LEE ROAD HARTSELLE, AL 35640

D RUSSEL R. WIGGINS ROUTE 5 BOX 228 ANDALUSIA, AL 36420

D DEAN WYSNER 1071 CR 27 WOODLAND, AL 36280 D JACOB C. HARPER 5680 HIGHWAY 10 EAST CAMDEN, AL 36726

D STEVE DUNN ROUTE 1 BOX 369 EVERGREEN, AL 36401

D JOHN RUSSELL THOMAS P.O. BOX 1237 ALEX CITY, AL 35010

D B. PHIL RICHARDSON 3241 WARRENTON ROAD TUSCALOOSA, AL 35406