


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 817087 1. Entity Name ALFA INSURANCE CORPORATION |  |
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| Principal Place of Business 2108 EAST SOUTH BOULEVARD P.O. BOX 11000 MONTGOMERY, AL 36116-2410 | Mailing Address PO BOX 11189 MONTGOMERY, AL 36111-0189 |
|--|--|

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 63-0351201 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NEWBY, JERRY 20405 MOORESVILLE ROAD ATHENS, AL 35613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCOTT, H. A. 608 WYNWOOD PLACE MONTGOMERY, AL 36117 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ELLIS, III., C. LEE 2108 E. SOUL BLVD MONTGOMERY, AL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WYSNER, DEAN 1071 CR 27 WOODLAND, AL 36280 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WIGGINS, RUSSEL R ROUTES 5 BOX 228 ANDOLUSIA, AL 36420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWBY, JERRY A 20405 MOORESVILLE RD. ATHENS, AL 35613 |

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IN THIS SPACE**

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05/18/07-80074-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dani R. Proctor* 4/27/07 334-288-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #