


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
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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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 05/18/07-80074-024 150.00

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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. Prothro* 4/27/07 334-288-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #