


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F04000005350	
1. Entity Name ALFA VISION INSURANCE CORPORATION	

Principal Place of Business 2108 EAST SOUTH BLVD. MONTGOMERY, AL 36116-2015	Mailing Address P O BOX 11189 MONTGOMERY, AL 36111
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1319603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ DATE _____
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 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ALLEN NEWBY, JERRY 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE ELLIS, CLYDE 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS AL SCOTT, HERMAN 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GODDARD RUTLEDGE, STEPHEN 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/07-80076-021 150.00

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IN THIS SPACE**

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: David R. Pugh Date: 4/27/07 Daytime Phone #: 334-288-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR