FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:31

DOCUMENT # P14915 (3)

1. Corporation Name
ALFA MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
PO BOX 11000 2108 E. S. BLVD. MONTGOMERY AL 36116-2410	PO BOX 11000 2108 E. S. BLVD. MONTGOMERY AL 36116-2410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1987
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

City & State 23
City & State 28

Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 63-0262164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MYRICK, GOODWIN L.	1.2 NAME	
STREET ADDRESS	3840 ANTOINETTE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36116	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWBY, JERRY	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 343	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATHENS AL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, JAMES EARL	3.2 NAME	
STREET ADDRESS	RT. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHORTERVILLE AL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JOHN	4.2 NAME	
STREET ADDRESS	2116 BONE DRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARRIOR AL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	TOLAR, JAMES A.	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 220-D	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARION AL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	WALLIS, KEN	6.2 NAME	
STREET ADDRESS	2629 WILEY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ken Wallis KEN WALLIS, SECRETARY 1/12/95 (334) 613-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0465811 FP