FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P14915** **(3)**

1. Corporation Name

ALFA MUTUAL INSURANCE COMPANY

Principal Place of Business

PO BOX 11000
2108 E. S. BLVD.
MONTGOMERY AL 36116-2410

Mailing Address

PO BOX 11000
2108 E. S. BLVD.
MONTGOMERY AL 36116-2410

3. Date Incorporated or Qualified: **06/19/1987**

3a. Date of Last Report: **01/19/1995**

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 corporate tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — County 30

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 607.0505 and 617.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical to those of a street address of a place of business maintained by the corporation and identical to those of the business agent of the corporation. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MYRICK, GOODWIN L.	
STREET ADDRESS	3840 ANTOINETTE DR	
CITY-ST-ZIP	MONTGOMERY AL 36116	
TITLE	V	☐ DELETE
NAME	NEWBY, JERRY	
STREET ADDRESS	RT. 1, BOX 343	
CITY-ST-ZIP	ATHENS AL	
TITLE	V	☐ DELETE
NAME	MOBLEY, JAMES EARL	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	SHORTERVILLE AL	
TITLE	V	☐ DELETE
NAME	MORRIS, JOHN	
STREET ADDRESS	2116 BONE DRY RD	
CITY-ST-ZIP	WARRIOR AL	
TITLE	V	☐ DELETE
NAME	TOLAR, JAMES A.	
STREET ADDRESS	RT. 2, BOX 220-D	
CITY-ST-ZIP	MARION AL	
TITLE	S	☐ DELETE
NAME	WALLIS, KEN	
STREET ADDRESS	2629 WILEY ROAD	
CITY-ST-ZIP	MONTGOMERY AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is correct. I am aware and understand that false information is a violation of Section 817.155, Florida Statutes. Further, I 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 added, or deleted with an address.

SIGNATURE: Ken Wallis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3:30