


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/19/1987 3a. Date of Last Report 03/30/1996 4. FEI Number 63-0262164 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE P 1.2 NAME MYRICK, GOODWIN L. 1.3 STREET ADDRESS 3840 ANTOINETTE DR 1.4 CITY-ST-ZIP MONTGOMERY AL 36116 1.5 TITLE V 1.6 NAME NEWBY, JERRY 1.7 STREET ADDRESS RT. 1, BOX 343 1.8 CITY-ST-ZIP ATHENS AL 1.9 TITLE V 1.10 NAME MOBLEY, JAMES EARL 1.11 STREET ADDRESS RT. 1 1.12 CITY-ST-ZIP SHORTERVILLE AL 1.13 TITLE V 1.14 NAME MORRIS, JOHN 1.15 STREET ADDRESS 2116 BONE DRY RD 1.16 CITY-ST-ZIP WARRIOR AL 1.17 TITLE V 1.18 NAME TOLAR, JAMES A. 1.19 STREET ADDRESS RT. 2, BOX 220-D 1.20 CITY-ST-ZIP MARION AL 1.21 TITLE S 1.22 NAME WALLIS, KEN 1.23 STREET ADDRESS 2629 WILEY ROAD 1.24 CITY-ST-ZIP MONTGOMERY AL					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 334-6134609
Date Daytime Phone #

0474450

CR2E034 (9/96)