


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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P14915 (3)</b> 1. Corporation Name <b>ALFA MUTUAL INSURANCE COMPANY</b>		

Principal Place of Business <b>PO BOX 11000 2108 E. S. BLVD. MONTGOMERY AL 36116-2410</b>	Mailing Address <b>PO BOX 11000 2108 E. S. BLVD. MONTGOMERY AL 36116-2410</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1987</b>	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>63-0262164</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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

14. I 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: *David R. Ruster* *V.P. Taxes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)