

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90029 039 \*\*\*150.00

DOCUMENT # P14915

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1987

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T  
NAME WALLIS, KEN  
STREET ADDRESS 2629 WILEY ROAD  
CITY-ST-ZIP MONTGOMERY AL 36116

V  
NAME NEWBY, JERRY  
STREET ADDRESS RT. 1, BOX 343  
CITY-ST-ZIP ATHENS AL

V  
NAME MOBLEY, JAMES EARL  
STREET ADDRESS RT. 1  
CITY-ST-ZIP SHORTERVILLE AL

V  
NAME MORRIS, JOHN  
STREET ADDRESS 2116 BONE DRY RD  
CITY-ST-ZIP WARRIOR AL

V  
NAME TOLAR, JAMES A.  
STREET ADDRESS RT. 2, BOX 220-D  
CITY-ST-ZIP MARION AL

S  
NAME WALLIS, KEN  
STREET ADDRESS 2629 WILEY ROAD  
CITY-ST-ZIP MONTGOMERY AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Newby, Jerry  
1.3 STREET ADDRESS 20405 Madresville Rd  
1.4 CITY-ST-ZIP Athens AL 35613

2.1 TITLE Secretary  
2.2 NAME Scott, Herman Allen  
2.3 STREET ADDRESS 6408 Wynwood Place  
2.4 CITY-ST-ZIP Montgomery AL 36117

3.1 TITLE Treasurer  
3.2 NAME Chesser Milborn Nelson  
3.3 STREET ADDRESS 3586 Main Street S.W. 10th  
3.4 CITY-ST-ZIP Fayette AL

4.1 TITLE Vice President  
4.2 NAME Proctor, David R  
4.3 STREET ADDRESS 2108 E. South Blvd  
4.4 CITY-ST-ZIP Montgomery AL 36111

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)