

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90037 011 \*\*\*150.00

**54009599**



<b>DOCUMENT # P14915</b> 1. Entity 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 11189 MONTGOMERY, AL 36111-0189</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>63-0262164</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCOTT, HERMAN</b> <b>6408 WYNWOOD PLACE</b> <b>MONTGOMERY, AL 36117</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <b>SEE ATTACHED LISTING</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NEWBY, JERRY</b> <b>20405 MOORESVILLE RD</b> <b>ATHENS, AL 35613</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WYSNER, DEAN</b> <b>1071 COUNTY RD 27</b> <b>WOODLAND, AL 36280</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUNN, STEVE</b> <b>RT 1 BOX 369</b> <b>EVERGREEN, AL 36401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TOLAR, JAMES A.</b> <b>RT. 2, BOX 220-D</b> <b>MARION, AL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PROCTOR, DAVID R</b> <b>2108 E SOUTH BLVD</b> <b>MONTGOMERY, AL 36111</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>David R Proctor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>2/19/04</b> Daytime Phone #: <b>334-288-3900</b>		

*Attachment*

*#P14915*

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**ALFA MUTUAL INSURANCE CO.  
2004 OFFICERS**

**PRESIDENT AND CEO  
JERRY A. NEWBY  
20405 MOORESVILLE ROAD  
ATHENS, AL 35613**

**VP SOUTHWEST AREA  
JACOB C. HARPER  
5680 HIGHWAY 10 EAST  
CAMDEN, AL 36726**

**VP NORTH AREA  
HAL LEE  
571 LEE ROAD  
HARTSELLE, AL 35640**

**TREASURER  
STEVE DUNN  
ROUTE 1 BOX 369  
EVERGREEN, AL 36401**

**VP SOUTHEAST AREA  
RUSSEL R. WIGGINS  
ROUTE 5 BOX 228  
ANDALUSIA, AL 36420**

**ASSISTANT TREASURER  
C. LEE ELLIS, III  
2108 EAST SOUTH BLVD.  
MONTGOMERY, AL 36116**

**VP CENTRAL AREA  
DEAN WYSNER  
1071 CR 27  
WOODLAND, AL 36280**

**SECRETARY  
H. AL SCOTT  
608 WYNWOOD PLACE  
MONTGOMERY, AL 36117**

**VP TAX  
DAVID R. PROCTOR  
2108 E. SOUTH BLVD  
MONTGOMERY, AL 36111**

**ALFA MUTUAL INSURANCE CO.  
2004 DIRECTORS**

JERRY A. NEWBY  
20405 MOORESVILLE ROAD  
ATHENS, AL 35613

HAL LEE  
571 LEE ROAD  
HARTSELLE, AL 35640

RUSSEL R. WIGGINS  
ROUTE-5.BOX-228  
ANDALUSIA, AL 36420

DEAN WYSNER  
1071 CR 27  
WOODLAND, AL 36280

JACOB C. HARPER  
5680 HIGHWAY 10 EAST  
CAMDEN, AL 36726

STEVE DUNN  
ROUTE 1 BOX 369  
EVERGREEN, AL 36401

L. O. BISHOP  
10 L. O. BISHOP LANE  
CHEROKEE, AL 35616

TED GRANTLAND  
2805 E. UPPER RIVER ROAD  
SOMERVILLE, AL 35670

FRANK HUGHES  
1629 COUNTY ROAD 60  
PISGAH, AL 35765

LARRY KING  
3425 ROCKHILL ROAD  
GUNTERSVILLE, AL 35976

JON MILLER  
15386 WIRE ROAD  
COTTONDALE, AL 35453

JOEL BEARDEN  
6234 HELENA ROAD  
HELENA, AL 35080

JOHN NEIGHBORS  
3730 OLD DARK ROAD  
ALEXANDER CITY, AL 35010

HAROLD MCCOOL  
390 MCCOOL ROAD  
GORDO, AL 35466

JIMMY PARNELL  
2335 CHILTON ROAD 313  
STANTON, AL 36790

MIKE DUNN  
407 E. HARDAWAY AVENUE  
UNION SPRINGS, AL 36089

BERT DRISKELL  
14011 CAT DEAKLE ROAD  
GRAND BAY, AL 36541

GEORGE JEFFCOAT  
519 JEFFCOAT ROAD  
GORDON, AL 36343

*Attachment*

*#P14915*

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