


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 044 ***150.00

DOCUMENT # P14915 1. Entity Name ALFA MUTUAL INSURANCE COMPANY					
Principal Place of Business PO BOX 11000 2108 E. S. BLVD. MONTGOMERY, AL 36116-2410			Mailing Address PO BOX 11189 MONTGOMERY, AL 36111-0189		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-0262164	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	S SCOTT, HERMAN 6408 WYNWOOD PLACE MONTGOMERY, AL 36117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LISTING <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWBY, JERRY 20405 MOORESVILLE RD ATHENS, AL 35613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WYSNER, DEAN 1071 COUNTY RD 27 WOODLAND, AL 36280 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, STEVE RT 1 BOX 369 EVERGREEN, AL 36401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, HAL 571 LEE ROAD HARTSELLE, AL 35640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROCTOR, DAVID R 2108 E SOUTH BLVD MONTGOMERY, AL 36111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>David R. Proctor</i>		4/26/05		334-288-3900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT 140/2157
P14915

**ALFA MUTUAL INSURANCE CO.
2005 OFFICERS & DIRECTORS**

PD

JERRY A. NEWBY
20405 MOORESVILLE ROAD
ATHENS, AL 35613

TD

STEVE DUNN
ROUTE 1 BOX 369
EVERGREEN, AL 36401

T (Assistant Treasurer)

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

S

H. AL SCOTT
608 WYNWOOD PLACE
MONTGOMERY, AL 36117

VD

HAL LEE
571 LEE ROAD
HARTSELLE, AL 35640

VD

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

VD

DEAN WYSNER
1071 CR 27
WOODLAND, AL 36280

VD

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

V

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

D

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

D

STANLEY USERY
22505 BLACK ROAD
ATHENS, AL 35613

D

FRANK HUGHES
1629 COUNTY ROAD 60
PISGAH, AL 35765

D

LARRY KING
3425 ROCKHILL ROAD
GUNTERSVILLE, AL 35976

D

JOHN E. WALKER III
21872 HIGHWAY 43 N
BERRY, AL 35546

D

JOEL BEARDEN
6234 HELENA ROAD
HELENA, AL 35080

ATTACHMENT 11/01/21/57
P14915

**ALFA MUTUAL INSURANCE CO.
2005 OFFICERS & DIRECTORS**

D
JOHN NEIGHBORS
3730 OLD DARK ROAD
ALEXANDER CITY, AL 35010

D
LEO ALLEN
9372 COUNTY ROAD 32
LISMAN, AL 36912

D
JIMMY PARNELL
2335 CHILTON ROAD 313
STANTON, AL 36790

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

D
DAVID BITTO
14114 COUNTY ROAD 83
ELBERTA, AL 36530

D
GEORGE JEFFCOAT
519 JEFFCOAT ROAD
GORDON, AL 36343