


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90240 034 \*\*\*150.00

<b>DOCUMENT # P14915</b> 1. Entity Name ALFA MUTUAL INSURANCE COMPANY	
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Principal Place of Business PO BOX 11000 2108 E. S. BLVD. MONTGOMERY, AL 36116-2410	Mailing Address PO BOX 11189 MONTGOMERY, AL 36111-0189
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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05012006 Chg-P CR2E034 (11/05)

4. FEI Number 63-0262164	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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 exemptions contained in Chapter 119, 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: David R Proctor Date: 5/1/06 Daytime Phone #: 334-613-4498

ATTACHMENT  
2007-2008  
#P14912

**ALFA MUTUAL INSURANCE CO.  
2006 OFFICERS & DIRECTORS**

PD  
JERRY A. NEWBY  
20405 MOORESVILLE ROAD  
ATHENS, AL 35613

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

TD  
STEVE DUNN  
ROUTE 1 BOX 369  
EVERGREEN, AL 36401

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

T (Assistant Treasurer)  
C. LEE ELLIS, III  
2108 EAST SOUTH BLVD.  
MONTGOMERY, AL 36116

D  
STANLEY USERY  
22505 BLACK ROAD  
ATHENS, AL 35613

S  
H. AL SCOTT  
608 WYNWOOD PLACE  
MONTGOMERY, AL 36117

D  
EARL SAXON  
2906 DUCK SPRINGS ROAD  
ATTALLA, AL 35954

VD  
HAL LEE  
571 LEE ROAD  
HARTSELLE, AL 35640

D  
LARRY KING  
3425 ROCKHILL ROAD  
GUNTERSVILLE, AL 35976

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

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

VD  
DEAN WYSNER  
1071 CR 27  
WOODLAND, AL 36280

D  
DOYLE PHILLIPS  
4898 COUNTY ROAD 88  
DELTA, AL 36258

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

ATTACHMENT

20043967

# P14915

**ALFA MUTUAL INSURANCE CO.  
2006 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

JERRY BYRD  
9629 N. HIGHWAY 123  
ARITON, AL 36311