


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		04232007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 63-0262164	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE	S		
NAME	SCOTT, HERMAN		
STREET ADDRESS	6408 WYNWOOD PLACE		
CITY-STATE-ZIP	MONTGOMERY, AL 36117		
TITLE	P		
NAME	NEWBY, JERRY		
STREET ADDRESS	20405 MOORESVILLE RD		
CITY-STATE-ZIP	ATHENS, AL 35613		
TITLE	VP		
NAME	WYSNER, DEAN		
STREET ADDRESS	1071 COUNTY RD 27		
CITY-STATE-ZIP	WOODLAND, AL 36280		
TITLE	T		
NAME	DUNN, STEVE		
STREET ADDRESS	RT 1 BOX 369		
CITY-STATE-ZIP	EVERGREEN, AL 36401		
TITLE	V		
NAME	LEE, HAL		
STREET ADDRESS	571 LEE ROAD		
CITY-STATE-ZIP	HARTSELLE, AL 35640		
TITLE	VP		
NAME	PROCTOR, DAVID R		
STREET ADDRESS	2108 E SOUTH BLVD		
CITY-STATE-ZIP	MONTGOMERY, AL 36111		
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: <i>David R. Proctor</i>		4/27/07 334-288-3400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	