

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14915

FILED
Apr 23, 2009
Secretary of State

Entity Name: ALFA MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

PO BOX 11000
2108 E. S. BLVD.
MONTGOMERY, AL 361162410

New Principal Place of Business:

2108 E. S. BLVD.
MONTGOMERY, AL 361162410

Current Mailing Address:

PO BOX 11189
MONTGOMERY, AL 361110189

New Mailing Address:

FEI Number: 63-0262164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SCOTT, HERMAN
Address: 6408 WYNWOOD PLACE
City-St-Zip: MONTGOMERY, AL 36117

Title: P () Delete
Name: NEWBY, JERRY
Address: 20405 MOORESVILLE RD
City-St-Zip: ATHENS, AL 35613

Title: VP () Delete
Name: WYSNER, DEAN
Address: 1071 COUNTY RD 27
City-St-Zip: WOODLAND, AL 36280

Title: T () Delete
Name: DUNN, STEVE
Address: RT 1 BOX 369
City-St-Zip: EVERGREEN, AL 36401

Title: V () Delete
Name: LEE, HAL
Address: 571 LEE ROAD
City-St-Zip: HARTSELLE, AL 35640

Title: VP () Delete
Name: NICKLES, JEFFREY
Address: 2108 E SOUTH BLVD
City-St-Zip: MONTGOMERY, AL 36111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY NICKLES

VP

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date