

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14915

FILED
Apr 11, 2012
Secretary of State

Entity Name: ALFA MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

2108 E. S. BLVD.
MONTGOMERY, AL 361162410

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: S
Name: SCOTT, HERMAN A
Address: 2108 E. SOUTH BLVD
City-St-Zip: MONTGOMERY, AL 36116

Title: P
Name: NEWBY, JERRY
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: D
Name: WYSNER, DEAN
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: D
Name: DUNN, STEVE
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: D
Name: LEE, HAL
Address: 2108 E. SOUTH BLVD.
City-St-Zip: MONTGOMERY, AL 36116

Title: VP
Name: NICKLES, JEFFREY
Address: 2108 E SOUTH BLVD
City-St-Zip: MONTGOMERY, AL 36116

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY NICKLES

VP

04/11/2012

Electronic Signature of Signing Officer or Director

Date