

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821527

Entity Name: ALFA LIFE INSURANCE CORPORATION**Current Principal Place of Business:**2108 EAST SOUTH BLVD.
MONTGOMERY, AL 36116-2410**Current Mailing Address:**PO BOX 11000
MONTGOMERY, AL 36191-0001**FEI Number:** 63-0338648**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRADWELL, ANGELA L. ESQ.
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:** ANGELA L. BRADWELL

04/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	PARNELL, JAMES L.
Address	2108 E. SOUTH BLVD.
City-State-Zip:	MONTGOMERY AL 36116

Title	TD
Name	HEMMINGS, JOHN D.
Address	2108 E. SOUTH BLVD.
City-State-Zip:	MONTGOMERY AL 36116

Title	SD
Name	BRADWELL, ANGELA L.
Address	2108 E. SOUTH BLVD.
City-State-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: ANGELA L. BRADWELL**SECRETARY**

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date