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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214547242 |
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|---|---|-------|------------|--------|-----------|
| 1.) CORPORATION NAME: Alfa Alliance Insurance Corporation | DUE DATE: 9/30/2014 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KENNETH T GEE 4480 COX RD STE 300 GLEN ALLEN, VA | SCC ID NO: 00421495 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4480 COX ROAD
SUITE 300

CITY/ST/ZIP: GLEN ALLEN, VA 23060

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|--------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: DOUGLAS S JOYCE | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 4480 COX RD SUITE 300 | | | | |
| CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060 | | | | |

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|--------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: RUSSELL SINCO | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 2108 E. SOUTH BLVD | | | | |
| CITY/ST/ZIP/CO: MONTGOMERY, AL 36116 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: STEPHEN G. RUTLEDGE | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: EVP/COO/T | | | | |
| ADDRESS: 2108 E SOUTH BLVD | | | | |
| CITY/ST/ZIP/CO: MONTGOMERY, AL 36116 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JAMES L. PARNELL | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CHAIRMAN | | | | |
| ADDRESS: 2108 E. SOUTH BLVD | | | | |
| CITY/ST/ZIP/CO: MONTGOMERY, AL 36116 | | | | |

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|-------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: H AL SCOTT | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 2108 E SOUTH BLVD | | | | |
| CITY/ST/ZIP/CO: MONTGMERY, AL 36116 | | | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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| /s/ H AL SCOTT | H AL SCOTT, SECRETARY | 10/23/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.