

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213528551

1.) CORPORATION NAME:

Alfa Life Insurance Corporation

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KENNETH T GEE
ALFA ALLIANCE INSURANCE CORPORATION
4480 COX RD STE 300**

SCC ID NO: **F1475542**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2108 E SOUTH BLVD

CITY/ST/ZIP: MONTGOMERY, AL 36116

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.

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

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

NAME:	HERMAN ALAN SCOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, 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.

<u>/s/ HERMAN ALAN SCOTT</u>	<u>HERMAN ALAN SCOTT,</u>	<u>6/19/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.