

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212518568

1.) CORPORATION NAME:

**ALFA MUTUAL INSURANCE COMPANY**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KENNETH T GEE**

SCC ID NO: **F1479593**

**ALFA ALLIANCE INSURANCE CORPORATION  
4480 COX RD**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**GLEN ALLEN, VA 23060**

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: JERRY ALLEN NEWBY  
TITLE: PRES/CEO  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116

OFFICER

DIRECTOR

NAME: H ALAN SCOTT  
TITLE: SECRETARY  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116

OFFICER

DIRECTOR

NAME: STEPHEN LEONARD DUNN  
TITLE: TREASURER  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116

OFFICER

DIRECTOR

NAME: STEPHEN G. RUTLEDGE  
TITLE: EVP COO ASST TR  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116

OFFICER

DIRECTOR

NAME: DAVID BITTO  
TITLE: DIRECTOR  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116

OFFICER

DIRECTOR

NAME: JOE DICKERSON  
TITLE: DIRECTOR  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD EDGAR DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. STEVE DUNN DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED GRANTLAND DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAKE HARPER DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARREL HAYNES DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY HENRY DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAL LEE DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DICKIE ODOM DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYMON BUTTRAM DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL SANDERS DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E WALKER,III DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RICKY WIGGINS TITLE: DIRECTOR ADDRESS: 2108 E SOUTH BLVD CITY/ST/ZIP/CO: MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DELL HILL TITLE: DIRECTOR ADDRESS: 2108 E SOUTH BLVD CITY/ST/ZIP/CO: MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEAN WYSNER TITLE: DIRECTOR ADDRESS: 2108 E SOUTH BLVD CITY/ST/ZIP/CO: MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.		
/s/ H ALAN SCOTT	H ALAN SCOTT, SECRETARY	5/17/2012
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.		