

1.) CORPORATION NAME:

ALFA MUTUAL INSURANCE COMPANY

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1479593**

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:	PRES/CEO		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	STEPHEN LEONARD DUNN	<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:	STEPHEN G. RUTLEDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP OPS ASST TR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	H 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		
NAME:	DON ALLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	SAMMY GIBBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		

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:	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:	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:	BRIAN GLENN DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL LOONEY 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:	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:	DELL HILL DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE JEFFCOAT DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN ROBERTSON 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: REX VAUGHN TITLE: DIRECTOR ADDRESS: 2108 E SOUTH BLVD CITY/ST/ZIP/CO: MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOE ROBERTS 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	6/4/2014
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.		