

ALFA MUTUAL INSURANCE COMPANY  
REPORTING AND DISCLOSURE COMPLIANCE  
STATEMENT

In compliance with Section 110 of the Employee Retirement Income Security Act of 1974 ("ERISA") and the regulations thereunder, found in Section 2520.104-23, Alfa Mutual Insurance Company is filling this Reporting and Disclosure Compliance Statement and in connection herewith, provides the following information:

EMPLOYER: ALFA MUTUAL INSURANCE COMPANY  
ADDRESS: 2108 E. SOUTH BLVD  
MONTGOMERY, AL 36191

EMPLOYER IDENTIFICATION  
NUMBER: 63-0262164

PLAN NAME: ALABAMA FARMERS FEDERATION AND  
AFFILIATED COMPANIES SUPPLEMENTAL  
RETIREMENT PLAN

NUMBER OF PLANS: ONE

NUMBER OF EMPLOYEES  
PARTICIPATING IN PLAN: 2

Alfa Mutual Insurance Company maintains the above-named unfunded Plan primarily for the purpose of providing deferred compensation for a select group of management of highly compensated employees.

Alfa Mutual Insurance Company will provide the Plan documents to the Secretary of Labor upon request, as required by Section 104(a)(1) of ERISA.

Alfa Mutual Insurance Company,  
as Plan Administrator

By: *Spencer L. Myrick*

Title: President