## Edgar Filing: ALFA CORP - Form 4

ALEA CORP

Form 4	08										
Check this box if no longer subject to Section 16. SECURITIES Number: Lanuary 3 200 Estimated average burden hours per								3235-0287 January 31, 2005 verage			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> ALFA CORP			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALFA CORP [ALFA]						5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle) P.O. BOX 11000			3. Date of Earliest Transaction (Month/Day/Year) 04/15/2008					— be	(Check all applicable) Director 10% Owner Officer (give titleX Other (specify below) Sr. Vice President, Vision Ins		
				ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
(City)	(State)	(Zip)	Tab	la I Nau	Device	<b>C</b>			erson	an Dan affai all	- O ad
			arities Acquired (A) 5. Amount of posed of (D) 5. Amount of Securities Beneficially Owned Following			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amo	ount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
Common Stock	04/15/2008			D <u>(1)</u>	300,00	51.91	D	\$ 22	0	D	
Common Stock	04/15/2008			D <u>(1)</u>	3,307.	4	D	\$ 22	0	Ι	By 401(k)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Ai or Ni of
2007 Stock Option (Non-qualified)	\$ 19.26	04/15/2008		D <u>(2)</u>		10,000	02/26/2008	02/25/2017	Common Stock	1
Common Stock (right to buy)	\$ 16.08	04/15/2008		D <u>(2)</u>		5,000	02/28/2007	02/28/2016	Common Stock	4

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ALFA CORP P.O. BOX 11000 MONTGOMERY, AL 36191				Sr. Vice President, Vision Ins			
Signatures							

/s/ John C.	04/17/2008			
**Signature of	Date			

Reporting Person

# **Explanation of Responses:**

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

On April 15, 2008, Alfa Corporation ("Alfa Corp."), Alfa Mutual Insurance Company ("AMI"), Alfa Mutual Fire Insurance Company ("AMF" and together with AMI, the "Mutual Group") and Alfa Delaware Merger Sub, Inc. ("Merger Sub") completed the previously

(1) announced merger of Merger Sub with and into Alfa Corp. pursuant to the Agreement and Plan of Merger, dated as of November 4, 2007, among Alfa Corp., the Mutual Group and Merger Sub (the "Merger Agreement"). Pursuant to the terms of the Merger Agreement, these shares were cancelled and converted into the right to receive \$22.00 in cash, without interest.

Pursuant to the terms of the Merger Agreement, each outstanding option to purchase shares of Alfa Corp. common stock was cancelled in (2) exchange for an amount in cash equal to the product of (1) the number of shares subject to such stock option, multiplied by (2) the excess of the per share merger consideration of \$22.00 over the per share exercise price of such stock option.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.