#### **BRYANT THOMAS E**

Form 5

January 25, 2006

### FORM 5

#### **OMB APPROVAL**

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

3235-0362 Number: January 31,

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

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**OMB** 

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **BRYANT THOMAS E** Symbol ALFA CORP [ALFA] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Director 10% Owner 12/31/2005 \_X\_\_ Officer (give title Other (specify below) below) 2108 E.S. BOULEVARD Sr. V.P. Human Resources (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

### MONTGOMERY, Â ALÂ 36116

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State) (Z	Zip) Table	I - Non-Deriv	vative Sec	urities	s Acqui	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	(A) or (A) or	)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	06/01/2005	Â	J <u>(1)</u>	20.13	A	\$0	22,835.65	D	Â
Common Stock	09/01/2005	Â	<u>J(1)</u>	18.91	A	\$0	22,854.56	D	Â
Common Stock	09/01/2005	Â	<u>J(1)</u>	9.39	A	\$0	22,863.95	D	Â
Common Stock	12/01/2005	Â	<u>J(1)</u>	17.09	A	\$0	22,881.04	D	Â
	12/01/2005	Â	<b>J</b> (1)	8.48	A	\$0	22,889.52	D	Â

Common Stock									
Common Stock	01/21/2005	Â	J <u>(2)</u>	396	A	\$0	2,139	I	By Trust
Common Stock	02/22/2005	Â	J <u>(2)</u>	112	A	\$0	2,251	I	By Trust
Common Stock	03/02/2005	Â	J <u>(2)</u>	12	A	\$0	2,263	I	By Trust
Common Stock	03/07/2005	Â	J(2)	24	A	\$0	2,287	I	By Trust
Common Stock	03/07/2005	Â	J(2)	11	D	\$0	2,276	I	By Trust
Common Stock	03/16/2005	Â	<u>J(2)</u>	320	A	\$0	2,596	I	By Trust
Common Stock	03/23/2005	Â	<u>J(2)</u>	32	A	\$0	2,628	I	By Trust
Common Stock	06/06/2005	Â	<u>J(2)</u>	17	A	\$ 0	2,645	I	By Trust
Common Stock	Â	Â	Â	Â	Â	Â	7,994.02	I	By 401(k)
Reminder: Rep	Persons w	SEC 2270							

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

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of D

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	<b>.</b>	ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

securities beneficially owned directly or indirectly.

Reporting Owner Name / Address

Relationships

Reporting Owners 2

### Edgar Filing: BRYANT THOMAS E - Form 5

Director 10% Owner Officer Other

BRYANT THOMAS E 2108 E.S. BOULEVARD MONTGOMERY, ALÂ 36116

Â Sr. V.P. Human Resources

## **Signatures**

/s/ Bryant, 01/18/2006 Thomas E.

\*\*Signature of Date
Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares were paid as a dividend on the restricted shares issued.
- (2) These shares were purchased through a deferred compensation plan(s).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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