

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001508

FILED
Jan 28, 2008
Secretary of State

Entity Name: INFINITY PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

1400 PROVIDENT TOWER, ONE E. 4TH ST
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

5205 N. O'CONNOR BLVD., SUITE 700
IRVING, TX 75039

New Mailing Address:

3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243

FEI Number: 34-1785809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FLORIDA INSURANCE COMMISSIONER
200 EAST GAINES STREET
TALLAHASSEE, FL 323990300 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STONE, TOMMY J
Address: 5205 N. O'CONNOR BLVD., SUITE 700
City-St-Zip: IRVING, TX 75039

Title: D () Delete
Name: GOBER, JAMES R
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: SD () Delete
Name: SIMON, SAMUEL J
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: T () Delete
Name: PRESTRIDGE, ROGER H
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: D () Delete
Name: SMITH, ROGER
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER H. PRESTRIDGE

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01/28/2008

Electronic Signature of Signing Officer or Director

_____ Date