

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90100 007 \*\*\*150.00

**DOCUMENT # 583494**

1. Entity Name  
**INFINITY INSURANCE COMPANY**

Principal Place of Business

**10004 N DALE MABRY HWY  
TAMPA FL 33618-4410  
US**

Mailing Address

**P.O. BOX 830189  
BIRMINGHAM AL 35283-0189  
US**

2. Principal Place of Business  
**10 West Market Street**

3. Mailing Address

Suite, Apt. #, etc.

**2700 Market Tower Building**

City & State  
**Indianapolis, IN**

City & State

4. FEI Number  
**31-0943862**

Applied For  
Not Applicable

Zip  
**46204**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete  
NAME **GOBER, JAMES R**  
STREET ADDRESS **2204 LAKESHORE DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KRAUSE, MICHAEL D**  
STREET ADDRESS **1300 PARKWOOD CIRCLE**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11700 Great Oaks Way**  
CITY-ST-ZIP **Alpharetta, GA 30022**

TITLE **VTD** ☐ Delete  
NAME **PRESTRIDGE, ROGER H**  
STREET ADDRESS **2204 LAKESHORE DR**  
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
NAME **DIBBLE, WILLIAM H**  
STREET ADDRESS **2204 LAKESHORE DR**  
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **WILLIAMS, SHELIA H**  
STREET ADDRESS **2204 LAKESHORE DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VASD** ☐ Delete  
NAME **HORRELL, KAREN HOLLEY**  
STREET ADDRESS **580 WALNUT ST**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Prestridge/V.P. & Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02**

**205-870-4000**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document # 583494

330144



February 20, 2002

Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: 2002 Uniform Business Report

Gentlemen:

In compliance with your filing requirements, enclosed is the original Document # 583494, 2002 Corporation Annual Report, and our check in the amount of \$150.00.

Sincerely,

**INFINITY INSURANCE COMPANY**

A handwritten signature in cursive script, appearing to read 'Roger H. Prestridge'.

Roger H. Prestridge  
Vice President & Treasurer

RHP/pqr

Enclosures