2002 UNIFORM BUSINESS REPORT (UBR)

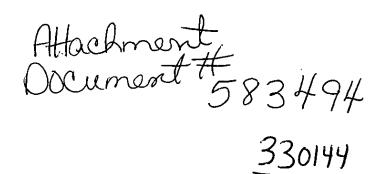
SIGNATURE:

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # 583494 1. Entity Name INFINITY INSURANCE COMPANY 03-06-2002 90100 007 ***150.00 Principal Place of Business Mailing Address 10004 N DALE MABRY HWY P.O. BOX 830189 TAMPA FL 33618-4410 **BIRMINGHAM AL 35283-0189** 2. Principal Place of Business 3. Mailing Address 10 West Market Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2700 Market Tower Building Applied For City & State City & State 4. FEI Number 31-0943862 Indianapolis, IN Not Applicable Zip 46204 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32304 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE PD NAME NAME GOBER, JAMES R STREET ADDRESS 2204 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Addition ☐ Delete TITLE TITLE NAME NAME KRAUSE, MICHAEL D STREET ADDRESS STREET ADDRESS 11700 Great Oaks Way 1300 PARKWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Alpharetta, GA 30022 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME PRESTRIDGE, ROGER H STREET ADDRESS STREET ADDRESS 2204 LAKESHORE DR CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME DIBBLE, WILLIAM H STREET ADDRESS STREET ADDRESS 2204 LAKESHORE DR CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** Change ☐ Addition ☐ Delete TITLE NAME NAME WILLIAMS, SHELIA H STREET ADDRESS STREET ADDRESS 2204 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** Addition Change VASD Delete TITLE NAME HORRELL, KAREN HOLLEY NAME STREET ADDRESS STREET ADDRESS **580 WALNUT ST** CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 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.

VI Prestridge/V.P. & Treasurer 2/20/02

FILED

INFINITY,,



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

Roger H. Prestridge

Vice President & Treasurer

RHP/pqr

Enclosures