

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583494

Entity Name: INFINITY INSURANCE COMPANY**Current Principal Place of Business:**3700 COLONNADE PARKWAY
SUITE 600
BIRMINGHAM, AL 35243**Current Mailing Address:**3700 COLONNADE PARKWAY
SUITE 600
BIRMINGHAM, AL 35243 US**FEI Number:** 31-0943862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
P.O. BOX 6200(32314-6200)
TALLAHASSEE, FL 32399-0000 US*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:** CT CORP

03/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GOBER, JAMES R
Address 3700 COLONNADE PARKWAY
City-State-Zip: BIRMINGHAM AL 35243

Title P
Name GODWIN, GLEN N
Address 3700 COLONNADE PARKWAY
City-State-Zip: BIRMINGHAM AL 35243

Title AT
Name CLARK, MARYLINN
Address 3700 COLONNADE PARKWAY
City-State-Zip: BIRMINGHAM AL 35243

Title SD
Name SIMON, SAMUEL J
Address 3700 COLONNADE PARKWAY
City-State-Zip: BIRMINGHAM AL 35243

Title D
Name PITRONE, SCOTT C
Address 3700 COLONNADE PARKWAY
City-State-Zip: BIRMINGHAM AL 35243

Title CFOD
Name SMITH, ROGER
Address 3700 COLONNADE PARKWAY
City-State-Zip: BIRMINGHAM AL 35243

I hereby 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 all other like empowered.

SIGNATURE: MARY LINN CLARK**ASSISTANT VICE
PRESIDENT**

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date