

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

PS 182

DOCUMENT # 583494 (0)

1. Corporation 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

3. Date Incorporated or Qualified
08/28/1978

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed of registered agent and the Florida State

Signature typed or printed of new registered agent and the Florida State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	PO GOBER, JAMES R	2204 LAKESHORE DRIVE	BIRMINGHAM AL	☐
	C KRAUSE, MICHAEL D	1300 PARKWOOD CIRCLE	ATLANTA GA	☐
	VTD PRESTRIDGE, ROGER H	2204 LAKESHORE DR	BIRMINGHAM AL	☐
	VS DIBBLE, WILLIAM H	2204 LAKESHORE DR	BIRMINGHAM AL	☐
	V WILLIAMS, SHELIA H	2204 LAKESHORE DRIVE	BIRMINGHAM AL	☐
	VAS CARLSON, RICHARD A	ONE EAST FOURTH STREET	CINCINNATI OH	☒

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
PC				☒	☐
D				☒	☐
				☐	☐
V/S/D				☒	☐
				☐	☐
V/A/S/D				☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed of registered agent and the Florida State

4/23/96

(205) 870-4000

CR2E034 (12/95)

Pg 272

INFINITY INSURANCE COMPANY

12. OFFICERS & DIRECTORS (Continued)

7.1 V
7.2 Kennedy, William R.
7.3 2204 Lakeshore Drive
7.4 Birmingham, AL

8.1 D
8.2 Amory, Robert F.
8.3 One East Fourth Street
8.4 Cincinnati, OH

9.1 D
9.2 Lindner, Carl III
9.3 580 Walnut Street
9.4 Cincinnati, OH

10.1 D
10.2 Lindner, S. Craig
10.3 580 Walnut Street
10.4 Cincinnati, OH

11.1 D
11.2 Rosen, Eve Cutler
11.3 580 Walnut Street
11.4 Cincinnati, OH