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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 583494

(0)

INFINITY INSURANCE COMPANY

| FILED | | | | | | | | | |
|-------|------|--------|--------|--|--|--|--|--|--|
| May | 11 | 1998 | 8:00am | | | | | | |
| Sec | cret | ary of | State | | | | | | |



| Principal Ptace of Business Mailing Address 10004 N DALE MABRY HWY P.O. BOX 830189 TAMPA FL 33618-4410 BIRMINGHAM AL 35283-018 | | | 283-0189 | | | | (1914 919 11 1991 |
|--|---|--|--|------------------------|--|------------------|--------------------------|
| บร | | US | | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified 08/28/1978 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 31-0943862 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | <u></u> | | 5, 50ttmbdio 0, 0td.55 550tt05 | Fee | Required |
| City & Stat | e | City & State | | | 6, Election Campaign Financing | | O May Be |
| 23 | | 28 | - 1 6. | | | | d to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 9. Name and Address of Currer | 29 | 30 | | Personal Property Tax due June 30 10. Name and Address of New Regis | | ∐ No |
| BAIC | SURANCE COMMISSIONER | it negistered Agent | | 1 Name | 10. Haine and Address of Hew Negla | tored Agent | |
| | E CAPITOL | | | , tanto | | | |
| | E CAPITOL LLAHASSEE FL 32304 | | [8 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| IA. | LDANASSEE PL 32304 | | ļ. | 13 | | | |
| 1 | | | 1 | 13 | | | |
| ı | | | Ī | 4 City | | FI 85 Zi | p Code |
| 44 Durawant | to the provisions of Sections 607.060 | 00 and 607 1500 Flatida C | tot tan the sh | 1 | and the statement for the stat | | to resistant |
| office or r agent. I a | registered agent, or both, in the State im familiar with, and accept the oblig | e of Florida Such change wations of, Section 607.050 | iaiules, ine abo vas authorized 5, Florida Statu | by the corpora les. | poration submits this statement for the purp ation's board of directors. I hereby accept the | ne appointment a | as registered |
| SIGNATURE | | | | | | | |
| 40 | Signature, typed or printed name of registered apr | on and title if applicable DIRECTORS | | Agent signature requ | | DATE | 200 01 40 |
| 12. | PC OFFICERS AN | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICER | Change | |
| NAME | GOBER JAMES R | occur | | | | | Z ZOURION |
| STREET ADDRESS | 2204 LAKESHORE DRIVE | | 1.2 NAN | - I | | | į |
| | BIRMINGHAM AL | | | EET ADDRESS | | | |
| CITY+ST-ZIP TITLE | D | DELETE | | -ST-ZIP | | Charge | Addition |
| NAME | KRAUSE, MICHAEL D | | 2.2 NAM | | | Onlings | ABOMON |
| STREET ADDRESS | 1300 PARKWOOD CIRCLE | | | | | | |
| | ATLANTA GA | | | EET ADDRESS | | | |
| CITY+ST-ZIP TITLE | VID | DELETE | | Y-ST-ZIP | | Change | Addition |
| NAME | PRESTRIDGE, ROGER H | | 3.1 INC | 1 | | ondige | |
| STREET ADDRESS | 2204 LAKESHORE DR | | | EET ADDRESS | | | |
| CITY-ST-ZIP | BIRMINGHAM AL | | | Y-ST-ZIP | | | ļ |
| TITLE | VSD | DELETE | | | | Change | Addition |
| NAME | DIBBLE, WILLIAM H | | 4. 2 NA | | | | |
| STREET ADORESS | 2204 LAKESHORE DR | | | EET ADDRESS | | | |
| CITY-ST-ZIP | BIRMINGHAM AL | | i | -ST-ZIP | | | } |
| TITLE | V | DELETE | | | | Change | e Addition |
| NAME | WILLIAMS, SHELIA H | VECETE | 5.2 NAM | í | | | |
| STREET ADDRESS | 2204 LAKESHORE DRIVE | | | EET ADDRESS | | | |
| CITY-ST-ZIP | BIRMINGHAM AL | | | -ST-ZIP | | | |
| TITLE | VASO | ☐ DELETE | | | | Change | Addition |
| NAME | HORRELL, KAREN HOLLEY | | 62 NAN | | | | . — |
| STREET ADDRESS | 580 WALNUT ST | | E | EET ADDRESS | | | 1 |
| CITY-ST-ZIP | CINCINNATI OH | | | -ST-ZIP | | | |
| | | | | | | | |

14. 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 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: _

for Winter

4/24/98

(205) 803-8266

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 V
- 8.2 Godwin, Glen N.
- 8.3 2204 Lakeshore Drive
- 8.4 Birmingham, AL
- 9.1 D
- 9.2 Amory, Robert F.
- 9.3 One East Fourth Street
- 9.4 Cincinnati, OH
- 10.1 D
- 10.2 Lindner, Carl III
- 10.3 580 Walnut Street
- 10.4 Cincinnati, OH
- 11.1 D
- 11.2 Lindner, S. Craig
- 11.3 580 Walnut Street
- 11.4 Cincinnati, OH
- 12.1 D
- 12.2 Rosen, Eve Cutler
- 12.3 580 Walnut Street
- 12.4 Cincinnati, OH
- 13.1 D
- 13.2 Hoover, John David
- 13.3 One Indiana Square, Suite 1800
- 13.4 Indianapolis, IN