### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 583494

**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

# FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90011 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						08/28/1978			
2. Principal Pl	ace of Business	2a. Mailing Address	ss			4. FEI Number	**	At	plied For
21	26					31-0943862		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 . Fee Re	Additional equired
City & State	The state of the s					6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curre	ent year inta	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
====	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	Agent	
			8	1 Na	me				
INSURANCE COMMISSIONER				32 Stre	oot Addres	ss (P.O. Box Number is Not Accepta	hle)		
THE	CAPITOL			52 511	BOL AUUI C	55 (F.O. BOX Hallipol 15 Hot Accepto	,5,5,		
TALL	AHASSEE FL 32304		8	33					
			<u> </u>			-A-1			0.1-
			8	34 City	y		FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es, the abo	ve-nam	ned corpor	ration submits this statement for the	purpose of	changing its	registered
office or r	enistered agent, or both, in the State of	t Florida. Such change was a	uinonzea c	by the c	orporation	i's board of directors. I hereby accep	t the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fro	rida Statuti	es.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	· Registered A	gent signa	ture required v	when reinstating)	DATE		
12.	OFFICERS AND		13.	<b>3</b>		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	DRS IN 12
TITLE	5,1152,157,115			 E				☐ Change	Addition
NAME	_			1.2 NAME					
	2204 LAKESHORE DRIVE		i i	- EET ADDR	ESS				
STREET ADDRESS	- 2257 2 4120110112 27472			-ST-ZIP					
CITY-ST-ZIP	S DELETE		2.1 TITLE					Change	Addition
TITLE	D REALISE MICHAEL B		2.2 NAM					_ ,	_
NAME	KRAUSE, MICHAEL D				F00				
STREET ADDRESS	1300 PARKWOOD CIRCLE			EET ADDR	ESS				
CITY-ST-ZIP			2.4 CITY 3.1 TITLE	/-ST-ZIP				Change	Addition
TITLE	YID								
NAME	PRESTRIDGE, ROGER H		3.2 NAM		- 1				
STREET ADDRESS	2204 LAKESHORE DR			EET ADDR	ESS				
CITY-ST-ZIP	BIRMINGHAM AL			Y-ST-ZIP	_		•	Change	Addition
TITLE	VSD	_ □ DELETE	4.1 TITL						T voorgou
NAME	DIBBLE, WILLIAM H		4. 2 NAN						•
STREET ADDRESS	2204 LAKESHORE DR		4.3 STR	EET ADDR	ESS	•			
CITY-ST-ZIP	BIRMINGHAM AL			'-ST-ZIP				[7] Ob	□ Addison
TITLE	V	☐ DELETE	5.1 TITLE					Change	Addition
NAME	WILLIAMS, SHELIA H		5.2 NAM						
STREET ADDRESS	2204 LAKESHORE DRIVE			EET ADDR	ESS				
CITY-ST-ZIP	BIRMINGHAM AL			-ST-ZIP					
TITLE	VASD	☐ DELETE	6.1 TITLE					Change	Addition
NAME	HORRELL, KAREN HOLLEY		6.2 NAM	E		• •			
STREET ADDRESS	580 WALNUT ST		6.3 STR	EET ADDR	RESS	`			
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY	-ST-ZIP					
44	,	0.1 50 1				-1: 440 07(2)(i) Elecide Statutes	I fridhan aan	tifu that the	information

4. 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, with all other like empowered.

**SIGNATURE:** 

READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(205) 803-8266

Daytime Phone #

22E034 (11/98)

## INFINITY INSURANCE COMPANY

371196-9001-15 583494

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