


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90296 027 \*\*\*150.00

<b>DOCUMENT # 844748</b>					
1. Entity Name INFINITY AUTO INSURANCE COMPANY					
Principal Place of Business 1400 PROVIDENT TOWER ONE EAST FOURTH ST. CINCINNATI, OH 45202 US			Mailing Address 1400 PROVIDENT TOWER ONE EAST FOURTH ST. CINCINNATI, OH 45202 US		
2. Principal Place of Business		3. Mailing Address <i>5205 N. O'CONNOR BLVD. STE. 700</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>STE. 700</i>			
City & State		City & State <i>IRVING, TX</i>		03282006 Chg-P CR2E034 (11/05)	
Zip	Country	Zip	Country	4. FEI Number 34-0927698 Applied For Not Applicable	
		<i>75039</i>	<i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOBER, JAMER R		NAME		
STREET ADDRESS	2204 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35209		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONE, TOMMY J		NAME		
STREET ADDRESS	5205 N O'CONNOR BLVD SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINER, JOHN R		NAME		
STREET ADDRESS	11700 GREAT OAKS WAY		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30022		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESTRIDOE, ROGER H		NAME		
STREET ADDRESS	2204 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35209		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, SAMUEL J		NAME		
STREET ADDRESS	2204 LAKESHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35209		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINER, JOHN R		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		Date: <i>3/28/06</i>		Daytime Phone #: <i>972-501-8301</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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