## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 844748** 

Entity Name: INFINITY ALITO INSURANCE COMPANY

FILED Feb 21, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
ONE EAST	/IDENT TOWE FOURTH ST. TI, OH 45202					
Current Mailing Address:				New Mailing Address:		
5205 N O'CONNER BLVD STE 700				3700 COLONNADE PARKWAY		
IRVING, TX 75039 US				BIRMINGHAM, AL 35243 US		
FEI Number: 34-0927698 FEI Number Applied For ( ) FEI Nu			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
P O BOX 6: 200 E. GAII	ANCIAL OFFIC 200 (32314-62 NES ST SEE, FL 3239	00)				
The above in the State		ubmits this statement for the pu	urpose of	changing it	s registered	office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent Date						
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () GOBER, JAMER 2204 LAKESHO BIRMINGHAM, A	RE DRIVE		Title: Name: Address: City-St-Zip:	GOBER, JAM	NADE PARKWAY
Title: Name: Address: City-St-Zip:	STONE, TOMMY	OR BLVD SUITE 700		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D () MINER, JOHN R 11700 GREAT C ALPHARETTA, C	DAKS WAY		Title: Name: Address: City-St-Zip:	SMITH, ROGE	NADE PARKWAY
Title: Name: Address: City-St-Zip:	TD () PRESTRIDOE, I 2204 LAKESHO BIRMINGHAM, A	RE DRIVE	,	Title: Name: Address: City-St-Zip:	PRESTRIDGE	NADE PARKWAY
Title: Name: Address: City-St-Zip:	SD () SIMON, SAMUE 2204 LAKESHO BIRMINGHAM, A	RE DR.		Title: Name: Address: City-St-Zip:	SIMON, SAM	NADE PARKWAY
Title: Name: Address: City-St-Zip:	D (X) MINER, JOHN R 580 WALNUT S' CINCINNATI, OH	TREET		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROGER H PRESTRIDGE T 02/21/2007