

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844748

FILED
Jan 13, 2012
Secretary of State

Entity Name: INFINITY AUTO INSURANCE COMPANY

Current Principal Place of Business:

1400 PROVIDENT TOWER
ONE EAST FOURTH ST.
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243 US

New Mailing Address:

FEI Number: 34-0927698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: GOBER, JAMER R
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: CEOP
Name: GODWIN, GLEN N
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: CFOD
Name: SMITH, ROGER
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: AT
Name: CLARK, MARY LINN
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: VSD
Name: SIMON, SAMUEL J
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: D
Name: PITRONE, SCOTT C
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 352431 US

I hereby 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 all other like empowered.

SIGNATURE: MARY LINN CLARK

AT

01/13/2012

Electronic Signature of Signing Officer or Director

_____ Date