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(City/State/Zip/Phone #)

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DIVISIONS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Infinity National Insurance Company  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer K. Hill

(Name of Person)

Infinity Insurance Companies

(Firm/Company)

11700 Great Oaks Way

(Address)

Alpharetta, GA 30022

(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer K. Hill

(Name of Person)

at (800) 852-8208, ext. 76617

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|--|---|

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Infinity National Insurance Company**  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Indiana** 3. **31-1358834**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **August 5, 1992** 5. **Perpetual**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **2700 Market Tower Building, 10 West Market Street, Indianapolis, IN 46204**  
(Principal office address)

**2204 Lakeshore Drive, Birmingham, AL 35209-6787**  
(Current mailing address)

8. **Insurance**  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **The Florida Insurance Commissioner**

Office Address: **200 East Gaines Street**

**Tallahassee**, Florida **32399-0300**

(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: **James R. Gober**

Address: **2204 Lakeshore Drive**

**Birmingham, AL 35209**

Director: **Samuel J. Simon**

Address: **2204 Lakeshore Drive**

**Birmingham, AL 35209**

**B. OFFICERS**

President: **Glen N. Godwin**

Address: **2204 Lakeshore Drive**

**Birmingham, AL 35209**

Vice President: **John R. Miner**

Address: **11700 Great Oaks Way**

**Alpharetta, GA 30022**

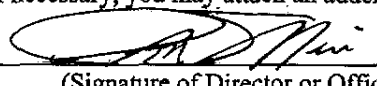
Secretary: **Samuel J. Simon**

Address: **2204 Lakeshore Drive, Birmingham, AL 35209**

Treasurer: **Roger H. Prestridge**

Address: **2204 Lakeshore Drive, Birmingham, AL 35209**

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. **John R. Miner, Executive Vice President**  
(Typed or printed name and capacity of person signing application)

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Additional Directors for Infinity National Insurance Company

John R. Miner  
11700 Great Oaks Way  
Alpharetta, GA 30022

Roger Smith  
2204 Lakeshore Drive  
Birmingham, AL 35209

Roger H. Prestridge  
2204 Lakeshore Drive  
Birmingham, AL 35209

David G. Blachly  
2204 Lakeshore Drive  
Birmingham, AL 35209

Glen N. Godwin  
2204 Lakeshore Drive  
Birmingham, AL 35209

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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

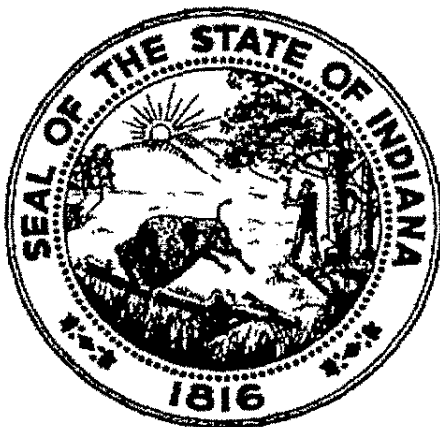
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**INFINITY NATIONAL INSURANCE COMPANY**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 31, 1997, and was in existence or authorized to transact business in the State of Indiana on March 03, 2004.

I further certify this For-Profit Domestic Corporation has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Third Day of March, 2004.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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