

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90296 028 ***150.00

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1. Entity Name
INFINITY PREFERRED INSURANCE COMPANY



Principal Place of Business

**580 WALNUT STREET
CINCINNATI, OH 45202**

Mailing Address

**5205 N. O'CONNOR BLVD., SUITE 700
IRVING, TX 75039**

50011497



2. Principal Place of Business

1400 PROUDENT TOWER, ONE E. 4th ST.

3. Mailing Address

Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

CINCINNATI, OH

City & State

4. FEI Number

34-1785809

Applied For

Not Applicable

Zip

45202

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0300**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STONE, TOMMY J
STREET ADDRESS 5205 N. O'CONNOR BLVD., SUITE 700
CITY-ST-ZIP IRVING, TX 75039

TITLE V ☐ Delete
NAME MINER, JOHN R
STREET ADDRESS 11700 GREAT OAKS WAY
CITY-ST-ZIP ALPHARETTA, GA

TITLE SD ☐ Delete
NAME SIMON, SAMUEL J
STREET ADDRESS 2204 LAKESHORE DRIVE
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE T ☐ Delete
NAME PRESTRIDGE, ROGER H
STREET ADDRESS 2204 LAKESHORE DRIVE
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE D ☐ Delete
NAME GOBER, JAMES R
STREET ADDRESS 2204 LAKESHORE DRIVE
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

972-501-8301

Daytime Phone #