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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **F93000000118 (0)**

1. Corporation Name

INFINITY SELECT INSURANCE COMPANY

Principal Place of Business	Mailing Address
2204 LAKESHORE DRIVE BIRMINGHAM AL 35283-0189	P.O. BOX 830189 BIRMINGHAM AL 35283-0189

3. Date Incorporated or Qualified: **01/08/1993**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **31-1333017** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AMORY, ROBERT F		1.2 NAME		
STREET ADDRESS	ONE E. FOURTH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIBBLE, WILLIAM H.		2.2 NAME		
STREET ADDRESS	2204 LAKESHORE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOBER, JAMES R		3.2 NAME		
STREET ADDRESS	2204 LAKESHORE DR., SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRESTRIDGE, ROGER H		4.2 NAME		
STREET ADDRESS	2204 LAKESHORE DR., SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	V/A/S/D	☒ Change ☐ Addition
NAME	HAHL, NEIL M		5.2 NAME	Horrell, Karen Holley	
STREET ADDRESS	ONE E. FOURTH STREET		5.3 STREET ADDRESS	580 Walnut Street	
CITY-ST-ZIP	CINCINNATI OH 45202		5.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOOVER, JOHN D		6.2 NAME		
STREET ADDRESS	ONE INDIANA SQUARE, SUITE 1800		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger H. Prestridge — 4/23/96 — (205) 870-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roger H. Prestridge, V.P. & Treasurer

INFINITY SELECT INSURANCE COMPANY

12. OFFICERS & DIRECTORS (Continued)

7.1 D
7.2 Rosen, Eve Cutler
7.3 580 Walnut Street
7.4 Cincinnati, OH