2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

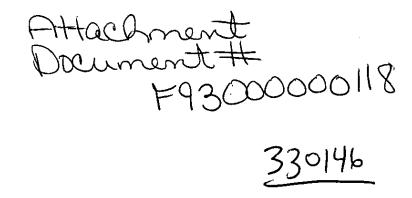
Mar 06, 2002 8:00 am Secretary of State DOCUMENT # F93000000118 1. Entity Name INFINITY SELECT INSURANCE COMPANY 03-06-2002 90100 005 ***150.00 Principal Place of Business Mailing Address 2204 LAKESHORE DRIVE P.O. BOX 830189 **BIRMINGHAM AL 35283-0189 BIRMINGHAM AL 35283-0189** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 31-1333017 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32399-0300 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME JENSEN, KEITH A NAME STREET ADDRESS STREET ADDRESS 580 WALNUT STREET CITY-ST-7IP CITY-ST-ZIP CINCINNATI OH 45202 ☐ Addition TITLE ☐ Delete TITLE ☐ Change VSD NAME NAME DIBBLE, WILLIAM H. STREET ADDRESS STREET ADDRESS 2204 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** Change . TITLE -- Delete TITLE NAME NAME GOBER, JAMES R STREET ADDRESS STREET ADDRESS 2204 LAKESHORE DR., SUITE 400 CITY-ST-ZIP CITY-ST-7IP **BIRMINGHAM AL** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME PRESTRIDGE, ROGER H STREET ADDRESS STREET ADDRESS 2204 LAKESHORE DR., SUITE 400 CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL ☐ Delete TITLE ☐ Change ■ Addition VASD NAME NAME HORRELL, KAREN HOLLEY STREET ADDRESS STREET ADORESS 580 WALNUT ST CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 🔀 Delete TITLE TITLE Change Addition NAME NAME HOOVER, JOHN D Krause, Michael D. 1170 Great Oaks Way STREET ADDRESS STREET ADDRESS ONE INDIANA SQUARE, SUITE 1800 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46204 Alpharetta, GA 30022 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if chapted, or on an attachment with an address, with all other like empowered.

205-870-4000 Daytime Phone #

2-20-02

FILED





February 20, 2002

Uniform Business Report Division of Corporations Post Office Box 1500 Tallahassee, Florida 32302-1500

RE: 2002 Uniform Business Report

Gentlemen:

In compliance with your filing requirements, enclosed is the original Document # F9300000118, 2002 Uniform Business Report, and our check in the amount of \$150.00.

Sincerely,

INFINITY SELECT INSURANCE COMPANY

Roger H. Prestridge

Br. Breathail Co. C. C.

Vice President & Treasurer

RHP/pqr

Enclosures