2003 FOR DROFIT CORPORATION

UÑ	IFORM BUSINE	SS REPO	RT (UBR))					
DOCUMENT # F9300000118							FILED			
1. Entity Name							03 SEP 1 0 AM	4 Ω+ 1. I.		
INFINITY SELECT INSURANCE COMPANY							GO OEL TO HI	10.44		
		•		COD WE	TREE .		SECRETARY OF TALLAHASSEE, F	STATE		
Principal Place of Business 2204 LAKESHORE DRIVE		Mailing Address P.O. BOX 830189					TALLAHASSEE, F	FLORIDA		
BIRMINGHAM	AL 35283-0189	BIRMINGHAM AL 3528	13-0189				+ 1881 (88 1148 18) 88 (1)(() #8)((88)	el Alfric Balli All) ((88) (8) (88)
2. Principal Place of Business		3. Mailing Address					1 1961139 1114 1818E 41111 88111 8811	1 88411 44111 884	314 BUILET 11881	(11887 14)(188(
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4, FE	Number 31-1333017			pplied For ot Applicable	
Zip	Country	Zip	Coun	ntry		5 . Ce	rtificate of Status Desired		8.75 Ad	ditional
	6. Name and Address of Current R	egistered Agent		T		<u> </u>	me and Address of New Re		ee Require	:d
				Name				3	,	
CHIEF FINANCIAL OFFICER				Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	6200 (32314-6200)									
200 E. GAINES ST TALLAHASSEE FL 323 99- 0000				City				_ _	7:- 0	
				City				FL	Zip Cod	
	named entity submits this statement for lons of registered agent.	the purpose of changing	its register	ed office or r	registere	ed agen	t, or both, in the State of Flor	ida. I am far	miliar with,	and accept
-										
SIGNATURE.	Signature, typed or printed name of registered agent an	d title it applicable. (N	NOTE: Registere	d Agent signature	e required v	when reins	tating)	DATE		
After Se	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750.0 (Payable to Florida Department of the second secon	1				9. Election Campaign Fina Trust Fund Contribution	~ ~		00 May Be d to Fees	
10.	OFFICERS AND D		11.			ADDI	TIONS/CHANGES TO OFFI	CERS AND [DIRECTOR	S IN 11
TITLE	D	ズ Delete	TITLI	E -	Sr.	VP &	Secretary		☐ Change	Addition
NAME STREET ADDRESS	JENSEN, KEITH A 580 WALNUT STREET		NAM STRE	EET ADDRESS		_	Simon			
CITY-ST-ZIP	CINCINNATI OH 45202			-ST-ZIP			eshore Drive um <u>. AL 35209</u>			
TITLE	VSD	∠ Delete	TITLI	E	_	VP &		[Change	Addition
NAME STREET ADDRESS	DIBBLE, WILLIAM H. 2204 LAKESHORE DRIVE		NAM STRE	ET ADDRESS		er SMi				
CITY-ST-ZIP	BIRMINGHAM AL			-ST-ZIP			shore Drive m, AL 35209			
TITLE	P&D ·	Delete	TITLE	Ε				 }1:>1 ⁰	X1-Change	☐ Addition
NAME STREET ADDRESS	Gober, James R 2204 Lakeshore Dr., Suite 400	1	NAM	EET ADDRESS		09	30002293 /10/0301058	011 **	§50.0	0
CITY-ST-ZIP	BIRMINGHAM AL	,		-ST-ZIP						
TITLE	VTD	Delete	TITLE	E					Change	☐ Addition
NAME STREET ADDRESS	Prestridge, roger H 2204 Lakeshore Dr., Suite 400	1	NAM	ET ADDRESS						
CITY-ST-ZIP	BIRMINGHAM AL	•		-ST-ZIP						
TITLE	VASD	Delete	TITLE		Pres	ident	&CEO		Change	XX Addition
NAME	HORRELL, KAREN HOLLEY 580 WALNUT ST	·	NAM	,	Glen	ı N. G	odwin			
STREET ADDRESS CITY-ST-ZIP	CINCINNATI OH			ET ADDRESS - ST-ZIP			shore Drive			
					Rill	ungha	m, AL 35209			

Birmingham. AL 35209 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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 a other like empowered.

SIGNATURE:

| SIGNATURE | SIG

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

KRAUSE, MICHAEL D

1170 GREAK OAKS WAY

ALPHARETTA GA 30022

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EQUIR ERoger H. Prestridge

🔀 Delete

Date

Vice President

William R. Kennedy

2204 Lakeshore Drive

Daytime Phone #

☐ Change XX Addition