

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000006320

1. Entity Name
INFINITY INDEMNITY INSURANCE COMPANY



Principal Place of Business
**2555 EAST 55TH PLACE
SUITE 209
INDIANAPOLIS, IN 46220 US**

Mailing Address
**5205 N OCONNOR BLVD
SUITE 700
IRVING, TX 75039 US**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1767787

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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	D
NAME	GOBER, JAMES R
STREET ADDRESS	2204 LAKESHORE DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	PD
NAME	STONE, TOMMY J
STREET ADDRESS	5205 N O'CONNOR BLVD SUITE 700
CITY-ST-ZIP	IRVING, TX 75039
TITLE	D
NAME	MINER, JOHN R
STREET ADDRESS	11700 GREAT OAKS WAY
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	TD
NAME	PRESTRIDOE, ROGER H
STREET ADDRESS	2204 LAKESHORE DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	SD
NAME	SIMON, SAMUEL J
STREET ADDRESS	2204 LAKESHORE DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #