

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006320

FILED
Jan 14, 2009
Secretary of State

Entity Name: INFINITY INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

2555 EAST 55TH PLACE
SUITE 209
INDIANAPOLIS, IN 46220 US

New Principal Place of Business:

Current Mailing Address:

3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243 US

New Mailing Address:

FEI Number: 34-1767787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOBER, JAMES R
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: P () Delete
Name: STONE, TOMMY J
Address: 201 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: D () Delete
Name: SMITH, ROGER
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: TD () Delete
Name: PRESTRIDGE, ROGER H
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: SD () Delete
Name: SIMON, SAMUEL J
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GODWIN, GLEN N
Address: 3700 COLONNADE PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER H. PRESTRIDGE

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date