


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P25816 1. Entity Name INFINITY ASSURANCE INSURANCE COMPANY	
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Principal Place of Business 1400 PROVIDENT TOWER, ONE EAST 4TH ST. CINCINNATI, OH 45202	Mailing Address 5205 N. O'CONNOR BLVD SUITE 700 IRVING, TX 75039
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03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1227771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOBER, JAMES R 2204 LAKESHORE DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STONE, TOMMY J 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINER, JOHN R 11700 GREAT OAKS WAY ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PRESTRIDGE, ROGER H 2204 LAKESHORE DR BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMON, SAMUEL J 2204 LAKESHORE DR BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, ROGER 2204 LAKESHORE DR BIRMINGHAM, AL 35209

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04/28/06-80065-011 150.00

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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: 	3/28/06 Date	972-501-8301 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		