

P30835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

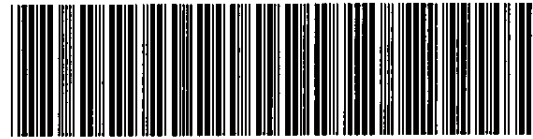
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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04/22/09--01004--022 \*\*35.00

RECEIVED

09 APR 22 AM 11:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 22 PM 1:20

*R. A. Chong*  
C.COULLIETTE

APR 22 2009

EXAMINER



REPRESENTING  
**ALEX SINK**  
CHIEF FINANCIAL OFFICER  
STATE OF FLORIDA

**RECEIVED**

09 APR 22 AM 11:54

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04/22/2009

DIVISION OF CORPORATIONS  
AMENDMENT SECTION  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

THE BUREAU OF COLLATERAL MANAGEMENT RECEIVED THE ENCLOSED CHECK(S) AND HAS DETERMINED IT TO BE MISROUTED. IT IS BEING RETURNED TO YOU FOR HANDLING.

CHECK DETAILS

CHECK NUMBER: 00094870  
CHECK DATE: 04/08/2009  
CHECK AMOUNT: \$35  
PAYEE: FLORIDA DEPARTMENT OF STATE

OTHER COMMENTS: CHECK RECEIVED BY FLORIDA DIVISION OF TREASURY IN ERROR.

PROCESSED BY: ERNEST DOMONDON

RECEIVED BY (PRINTED NAME): \_\_\_\_\_

RECEIVED BY (SIGNATURE): \_\_\_\_\_

DATE: \_\_\_\_\_



RECEIVED  
BUREAU OF COLLATERAL SEC  
DOI, STATE OF FLORIDA

09 APR 20 AM 11:32

April 13, 2009

Ms. Kimberly Mays  
Financial Examiner/Analyst I  
Florida Department of Insurance  
200 East Gaines Street  
Tallahassee, Florida 32399

Re: Registered Agent for Infinity Premier Insurance Company, NAIC 37001

Dear Ms. Mays:

The Florida Department of State Division of Corporations has our second designee on record for any Service of Process items. Doing business under a Certificate of Authority issued by the Florida Office of Insurance Regulation requires that the CFO of that agency be appointed as our Registered Agent. The only way I can determine to implement this correction with the Division of Corporations is the complete this form which requires someone from the Florida OIR's signature.

I have enclosed the form signed by our company officer as well as the filing fee for submitting the change. Please advise if someone from your office may sign it and forward it to the Department of State on our behalf.

Thank you so much for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Frances H. Medders'.

Frances H. Medders  
Regulatory Compliance Analyst

//fhm  
Enclosures

RECEIVED  
BUREAU OF COLLATERAL SEC  
DOJ, STATE OF FLORIDA

09 APR 20 AM 11:32

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Infinity Premier Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** P30835

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frances H Medders  
(Name of Contact Person)

Infinity Insurance Companies  
(Firm/Company)

3700 Colonnade Parkway  
(Address)

Birmingham, AL 35243  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frances H Medders at ( 205 ) 803-8732  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Infinity Premier Insurance Company
2. The principal office address: 3700 Colonnade Parkway, Birmingham, AL 35243
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/07/1990 Document number: P30835
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System  
1200 Pine Island Road  
Plantation, FL 33324

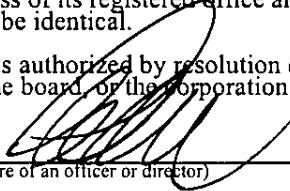
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CFO of the Florida Office of Insurance Regulation  
200 East Gaines Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32399

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 22 PM 1:28

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Samuel Simon  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

Florida Office of Insurance Regulation  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)