

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844748

Entity Name: INFINITY AUTO INSURANCE COMPANY

Current Principal Place of Business:

1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
CINCINNATI, OH 45202

Current Mailing Address:

P.O. BOX 830189
BIRMINGHAM, AL 35283 US

FEI Number: 34-0927698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: CT CORP

04/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name VARAGONA, MATTHEW J.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name MAHAJAN, ADITYA
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT
Name VARAGONA, MATTHEW J.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name TULLER, TIMOTHY J.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title VICE PRESIDENT &
TREASURER/CONTROLLER
Name TULLER, TIMOTHY J.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title SECRETARY
Name THEILER, PATRICK B.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name THEILER, PATRICK B.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name PRESTEGAARD, MICHAEL E.
Address 1400 PROVIDENT TOWER ONE EAST
FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

I hereby 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 all other like empowered.

SIGNATURE: PATRICK B. THEILER

SECRETARY

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date