2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2025
Secretary of State
5035667333CC

DOCUMENT# F93000000118

Entity Name: INFINITY SELECT INSURANCE COMPANY

Current Principal Place of Business:

8900 KEYSTONE CROSSING
SUITE 630
INDIANAPOLIS, IN 46240

Current Mailing Address:

P.O. BOX 830189
BIRMINGHAM, AL 35283-0189 US

FEI Number: 31-1333017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
PO BOX 6200 (32314-6200)
TALLAHASSEE, FL 32399 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: NO NAME 03/17/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	MAHAJAN, ADITYA
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	VICE PRESIDENT & TREASURER/CONTROLLER
Name	BRUNS, TIMOTHY D.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	DIRECTOR
Name	FREIJE, BRENDA H.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	DIRECTOR
Name	MARINACCIO, MICHAEL A.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	DIRECTOR
Name	BRUNS, TIMOTHY D.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	DIRECTOR/PRESIDENT
Name	VARAGONA, MATTHEW J.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	DIRECTOR/SECRETARY
Name	THEILER, PATRICK B.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Title	DIRECTOR
Name	PRESTEGAARD, MICHAEL E.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240

Continues on page 2

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 03/17/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	THEILER, PATRICK B.
Address	8900 KEYSTONE CROSSING SUITE 630
City-State-Zip:	INDIANAPOLIS IN 46240