

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000118

Entity Name: INFINITY SELECT INSURANCE COMPANY**Current Principal Place of Business:**2201 4TH AVENUE NORTH
BIRMINGHAM, AL 35203**Current Mailing Address:**PO 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**03/27/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VSD
Name	SIMON, SAMUEL J
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

Title	CFO
Name	BATEMAN, ROBERT
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

Title	DIRECTOR
Name	SANDERS, DUANE A
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

Title	AT
Name	CLARK, MARY LINN
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

Title	PCEO
Name	GODWIN, GLEN N
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

Title	TREASURER
Name	JORDAN, AMY K
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

Title	DIRECTOR
Name	BLACHLY, DAVID G
Address	PO BOX 830189
City-State-Zip:	BIRMINGHAM AL 35283-0189

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: GLEN N GODWIN**PRESIDENT & CEO****03/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date