

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000118

Entity Name: INFINITY SELECT INSURANCE COMPANY**Current Principal Place of Business:**500 EAST 96TH STREET
SUITE 100
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**04/11/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name VARAGONA , MATTHEW J
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title SECRETARY
Name THEILER , PATRICK B
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name FREIJE , BRENDA H
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name MARINACCIO, MICHAEL A
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title VICE PRESIDENT &
TREASURER/CONTROLLER
Name TULLER, TIMOTHY J
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name CAMDEN , BRADLEY T
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name MAHAJAN, ADITYA
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name THEILER, PATRICK B
Address 500 EAST 96TH STREET
SUITE 100
City-State-Zip: INDIANAPOLIS IN 46240

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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: THEILER, PATRICK B.**SECRETARY****04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TULLER , TIMOTHY J
Address	500 EAST 96TH STREET SUITE 100
City-State-Zip:	INDIANAPOLIS IN 46240