2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9400006320

Entity Name: INFINITY INDEMNITY INSURANCE COMPANY

Apr 21, 2022 Secretary of State 5850692715CC

FILED

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: 34-1767787 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 04/21/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title SECRETARY

Name VARAGONA, MATTHEW J. Name THEILER, , PATRICK B.

Address 500 EAST 96TH STREET, SUITE 100 Address 500 EAST 96TH STREET, SUITE 100

City-State-Zip: INDIANAPOLIS IN 46240 City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR Title PRESIDENT

Name MAHAJAN, ADITYA Name VARAGONA, MATTHEW J.

Address 500 EAST 96TH STREET, SUITE 100 Address 500 EAST 96TH STREET, SUITE 100

City-State-Zip: INDIANAPOLIS IN 46240 City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR Title DIRECTOR

Name FREIJE, BRENDA H. Name MARINACCIO, MICHAEL A.

Address 500 EAST 96TH STREET, SUITE 100 Address 500 EAST 96TH STREET, SUITE 100

City-State-Zip: INDIANAPOLIS IN 46240 City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR Title DIRECTOR

Name THEILER, PATRICK B. Name TULLER, TIMOTHY J.

Address 500 EAST 96TH STREET, SUITE 100 Address 500 EAST 96TH STREET, SUITE 100

City-State-Zip: INDIANAPOLIS IN 46240 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: PATRICK B. THEILER

SECRETARY

04/21/2022

Officer/Director Detail Continued:

TitleDIRECTORTitleVP, TREASURERNameCAMDEN, BRADLEY T.NameTULLER, TIMOTHY J.

Address 500 EAST 96TH STREET, SUITE 100 Address 500 EAST 96TH STREET, SUITE 100

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