2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2019
Secretary of State
6464670521CC

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Entity Name: INFINITY INDEMNITY 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: 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 03/27/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

Title	SD
Name	SIMON, SAMUEL J
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