

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006320

Entity Name: INFINITY INDEMNITY INSURANCE COMPANY**Current Principal Place of Business:**2555 EAST 55TH PLACE
SUITE 209
INDIANAPOLIS, IN 46220**Current Mailing Address:**3700 COLONNADE PARKWAY
BIRMINGHAM, AL 35243 US**FEI Number:** 34-1767787**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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

03/13/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	GOBER, JAMES R
Address	3700 COLONNADE PARKWAY
City-State-Zip:	BIRMINGHAM AL 35243

Title	P
Name	GODWIN, GLEN N
Address	3700 COLONNADE PARKWAY
City-State-Zip:	BIRMINGHAM AL 35243

Title	D
Name	SMITH, ROGER
Address	3700 COLONNADE PARKWAY
City-State-Zip:	BIRMINGHAM AL 35243

Title	AT
Name	CLARK, MARY LINN
Address	3700 COLONNADE PARKWAY
City-State-Zip:	BIRMINGHAM AL 35243

Title	SD
Name	SIMON, SAMUEL J
Address	3700 COLONNADE PARKWAY
City-State-Zip:	BIRMINGHAM AL 35243

Title	D
Name	PITRONE, SCOTT C
Address	3700 COLONNADE PARKWAY
City-State-Zip:	BIRMINGHAM AL 35243

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: MARYLINN CLARKASSISTANT VICE
PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date