

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001503

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: INFINITY NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

3700 COLONNADE PARKWAY  
BIRMINGHAM, AL 35243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 830189  
BIRMINGHAM, AL 352830189

**New Mailing Address:**

FEI Number: 31-1358834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE FLORIDA INSURANCE COMMISSIONER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 323990300 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: GODWIN, GLEN N  
Address: 3700 COLONNADE PARKWAY  
City-St-Zip: BIRMINGHAM, LA 35243 US

Title: CFOD ( ) Delete  
Name: SMITH, ROGER  
Address: 3700 COLONNADE PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: SD ( ) Delete  
Name: SIMON, SAMUEL J  
Address: 3700 COLONNADE PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: VTD ( ) Delete  
Name: PRESTRIDGE, ROGER H  
Address: 3700 COLONNADE PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: D ( ) Delete  
Name: GOBER, JAMES R  
Address: 3700 COLONNADE PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: VD ( ) Delete  
Name: KENNEDY, WILLIAM R  
Address: 3700 COLONNADE PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35243 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROGER H PRESTRIDGE

VPT

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date