

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212554274

1.) CORPORATION NAME:

Infinity Premier Insurance Company

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1055120**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7920 BELTLINE ROAD
SUITE 800

CITY/ST/ZIP: DALLAS, TX 75254

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JASON L JELEN				
TITLE:	PRESIDENT				
ADDRESS:	5420 LBJ FREEWAY SUITE 1000 DALLAS, TX 75240				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	H. SCOTT COY				
TITLE:	EXECUTIVE VP				
ADDRESS:	7920 BELTLINE ROAD DALLAS, TX 75254				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	WILLIAM C. TEPE				
TITLE:	TREASURER				
ADDRESS:	800 OVERLOOK III 2859 PACES FERRY ROAD ATLANTA, GA 30339				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT C MOORE				
TITLE:	SECRETARY				
ADDRESS:	800 OVERLOOK III 2859 PACES FERRY ROAD ATLANTA, GA 30339				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	NEAL HOLFORD				
TITLE:	ASST SECRETARY				
ADDRESS:	7920 BELTLINE ROAD SUITE 800 DALLAS, TX 75254				
CITY/ST/ZIP/CO:					

NAME: BARRETT BRUCE TITLE: DIRECTOR ADDRESS: 5420 LBJ FREEWAY SUITE 1000 CITY/ST/ZIP/CO: DALLAS, TX 75240	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NED N. FLEMING, III TITLE: DIRECTOR ADDRESS: 5420 LBJ FREEWAY SUITE 1000 CITY/ST/ZIP/CO: DALLAS, TX 75240	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAY GROB TITLE: DIRECTOR ADDRESS: 5420 LBJ FREEWAY SUITE 1000 CITY/ST/ZIP/CO: DALLAS, TX 75240	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK MATTESON TITLE: DIRECTOR ADDRESS: 5420 LBJ FREEWAY SUITE 1000 CITY/ST/ZIP/CO: DALLAS, TX 75240	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT C MOORE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT C MOORE, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/18/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		