2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001293

Entity Name: DIRECT NATIONAL INSURANCE COMPANY

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
425 WEST	CAPITOL A	AVENUE					
1800 LITTLE RO	CK, AR 72	201					
Current Mailing Address:				New Mailing Address:			
1281 MURF NASHVILLE							
FEI Number:	43-0622945	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of State	us Desired ()
Name and	Address o	f Current Registered Agent:		Name and	Address of	f New Registered	Agent:
NRAI SERV 2731 EXEC SUITE 4 WESTON, I The above in the State	UTIVÉ PAI FL 33331 named enti	RK DRIVE	purpose of	f changing it	s registered	d office or registered	d agent, or both,
SIGNATUR							
		ronic Signature of Registered A	gent			Date	
Election Cam	paign Finan	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		() Delete DAN REESBORO RD TN 37217 US		Title: Name: Address: City-St-Zip:		()Change ()Additior	n
Title: Name: Address: City-St-Zip:	VCFO HAGELY, J. 1281 MURF NASHVILLE	REESBORO ROAD		Title: Name: Address: City-St-Zip:	HAGELY, J.	REESBORO ROAD	ר
Title: Name: Address: City-St-Zip:	VP T HARMS, ST 1281 MURF NASHVILLE	REESBORO ROAD		Title: Name: Address: City-St-Zip:		()Change ()Additior	1
Title: Name: Address: City-St-Zip:	DICKSON, J	REESBORO RD		Title: Name: Address: City-St-Zip:		()Change ()Additior	1
Title: Name: Address: City-St-Zip:		() Delete SCOTT REESBORO RD TN 37217 US		Title: Name: Address: City-St-Zip:	BOJCZUK, S 1281 MURFF	(X) Change () Addition COTT REESBORO RD TN 37217 US	ו
Title: Name: Address: City-St-Zip:		() Delete SCOTT A ISS PARK DRIVE, BLDG I IN 38118 US		Title: Name: Address: City-St-Zip:	SANFORD, A 1281 MURFF	(X) Change () Addition AMY REESBORO RD TN 37217 US	1

I hereby certify that the information supplied with this filing does not qualify 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: AMY SANFORD AS 03/10/2009