2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001293

Entity Name: DIRECT NATIONAL INSURANCE COMPANY

FILED Apr 04, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

425 WEST CAPITOL AVENUE 1800

LITTLE ROCK, AR 72201

Current Mailing Address: New Mailing Address:

1281 MURFREESBORO ROAD NASHVILLE, TN 37217

FEI Number: 43-0622945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301

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

US

Date

OFFICERS AND DIRECTORS:

Title: DCEO

Name: MULLEN, JOHN

Address: 1281 MURFREESBORO RD City-St-Zip: NASHVILLE, TN 37217 US

Title: DCFO

Name: HAGELY, J. TODD

Address: 1281 MURFREESBORO ROAD City-St-Zip: NASHVILLE, TN 37217

Title: SVP

Name: NEWMAN, DAVID

Address: 1281 MURFREESBORO ROAD City-St-Zip: NASHVILLE, TN 37217

Title: DSEC

Name: BOJCZUK, SCOTT

Address: 1281 MURFREESBORO RD City-St-Zip: NASHVILLE, TN 37217

Title: AS

Name: SANFORD, AMY

Address: 1281 MURFREESBORO RD City-St-Zip: NASHVILLE, TN 37217 US

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: AMY SANFORD AS 04/04/2011