2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# F03000006130

Entity Name: DIRECT GENERAL PREMIUM FINANCE COMPANY

Current Principal Place of Business:

1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

New Principal Place of Business:

Current Mailing Address:

1281 MURFREESBORO ROAD
NASHVILLE, TN 37217

New Mailing Address:

FEI Number: 16-1670784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: PC D ( ) Delete
Name: MOORE, BRIAN G
Address: 1281 MURFREESBORO ROAD
City-St-Zip: NASHVILLE, TN 37217

Title: AS ( ) Delete
Name: COLLINS, CONSTANCE A
Address: 8145 WELLS CROSSING
City-St-Zip: WEST CHESTER, OH 45069

Title: S ( ) Delete
Name: BOJCZUK, SCOTT
Address: 1281 MURSFREESBORO RD
City-St-Zip: NASHVILLE, TN 37217

Title: VP T ( ) Delete
Name: HARMS, STEVEN R
Address: 1281 MURFREESBORO ROAD
City-St-Zip: NASHVILLE, TN 37217

Title: AS ( ) Delete
Name: SANFORD, AMY
Address: 1281 MURFREESBORO RD
City-St-Zip: NASHVILLE, TN 37217

Title: VP D ( ) Delete
Name: HAGELY, J. TODD
Address: 1281 MURFREESBORO ROAD
City-St-Zip: NASHVILLE, TN 37217

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: D (X) Change ( ) Addition
Name: TARANTIN, DAN
Address: 1281 MURFREESBORO ROAD
City-St-Zip: NASHVILLE, TN 37217

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 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
Electronic Signature of Signing Officer or Director Date