## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000002192

Entity Name: DIRECT GENERAL LIFE INSURANCE COMPANY

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
424 HAYNE AVENUE AIKEN, SC 29801				1281 MURFREESBORO ROAD NASHVILLE, TN 37217			
Current Mailing Address:				New Mailing Address:			
	FREESBORO F E, TN 37217	ROAD					
FEI Number: 13-3139500 FEI Number Applied For ( ) FEI Number				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address o	f New Reg	jistered Agent:
200 EAST (TALLAHAS		ΞT	pose of	changing it	s registered	d office or r	registered agent, or both,
in the State							
SIGNATURE: Electronic Signature of Registered Agent							 Date
Election Cam		Trust Fund Contribution ( ).	L				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TARANTIN, DAN 1281 MURFREE NASHVILLE, TN	37217		Title: Name: Address: City-St-Zip:	DCEO TARANTIN, I 1281 MURF NASHVILLE,	REESBORO TN 37217	ROAD
Title: Name: Address: City-St-Zip:	P () I DICKSON, JAME 1281 MURFREE NASHVILLE, TN	SBORO ROAD		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	VD () I HAGELY, J. TOD 1281 MURFREE NASHVILLE, TN	SBORO ROAD		Title: Name: Address: City-St-Zip:	DSVP HAGELY, J. 1281 MURFI NASHVILLE,	REESBORO	• •
Title: Name: Address: City-St-Zip:	SD () I BOJCZUK, SCO 1281 MURFREE NASHVILLE, TN	SBORO ROAD		Title: Name: Address: City-St-Zip:	DSEC BOJCZUK, S 1281 MURFI NASHVILLE,	REESBORO	
Title: Name: Address: City-St-Zip:	T () I HARMS, STEVEN 1281 MURFREE NASHVILLE, TN	SBORO ROAD		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	AS () I SANFORD, AMY 1281 MURFREE NASHVILLE, TN			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition

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