

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001288

FILED
Jan 06, 2012
Secretary of State

Entity Name: DIRECT GENERAL INSURANCE COMPANY

Current Principal Place of Business:

201 NORTH ILLINOIS STREET
16TH FLOOR SOUTH TOWER
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

1281 MURFREESBORO RD
NASHVILLE, TN 37217

New Mailing Address:

FEI Number: 62-1695059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: MULLEN, JOHN
Address: 1281 MURFREESBORO RD
City-St-Zip: NASHVILLE, TN 37217

Title: DCFO
Name: HAGELY, J. TODD
Address: 1281 MURFREESBORO RD
City-St-Zip: NASHVILLE, TN 37217

Title: DSEC
Name: BOJCZUK, SCOTT
Address: 1281 MURFREESBORO RD
City-St-Zip: NASHVILLE, TN 37217

Title: D
Name: THOMAS, GREGORY
Address: 201 NORTH ILLINOIS STREET, 16TH FLOOR SOUT
City-St-Zip: INDIANAPOLIS, IN 46204

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

Title: DSVP
Name: WALTERS, JONATHAN
Address: 1281 MURFREESBORO RD
City-St-Zip: NASHVILLE, TN 37217

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: SCOTT BOJCZUK

DSEC

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date