

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000001288

FILED  
Jan 06, 2003  
Secretary of State

Entity Name: DIRECT GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

1281 MURFREESBORO RD  
NASHVILLE, TN 37217

**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 (X)

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

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE, FL 32301      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: PD ( ) Delete  
Name: ADAIR, JACQUELINE C  
Address: 1281 MURFREESBORO RD  
City-St-Zip: NASHVILLE, TN 37217

Title: VCFO ( ) Delete  
Name: ELKINS, BARRY D  
Address: 1281 MURFREESBORO RD  
City-St-Zip: NASHVILLE, TN 37217

Title: S ( ) Delete  
Name: WILSON, RONALD F  
Address: 1281 MURFREESBORO RD  
City-St-Zip: NASHVILLE, TN 37217

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

Title: CEOD ( ) Delete  
Name: ADAIR, WILLIAM C  
Address: 1281 MURFREESBORO RD  
City-St-Zip: NASHVILLE, TN 37217

Title: AS ( ) Delete  
Name: COLLINS, CONNIE A  
Address: 1281 MURFREESBORO RD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: RONALD F. WILSON

S

01/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date