## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9700002687 (8) DOCUMENT #

DIRECT GENERAL INSURANCE COMPANY

Principal Place of Business Mailing Address

## FILED Feb 27 1998 8:00am Secretary of State



1281 MURFREESBORO ROAD 1281 MURFREESBORO ROAD NASHVILLE TN 97217 NASHVILLE TN 37217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For -59-30397-14 21 62-1695059 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INSURANCE COMMISSIONER 81 CAPITOL BLDG Street Address (P.O. Box Number is Not Acceptable) 62 TALLAHASSEE FL 32301 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and titre if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change Addition TITLE 1.1 TITLE ADAIR, JACQUELINE C NAME 1.2 NAME 1281 MURFREESBORO RD STREET ADDRESS 1.3 STREET ADDRESS NASHVILLE TN Nashville, Tennessee 37217 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition **X** DELETE VCFO Change TITLE 21 1171 5 ABBOTT, CATHERINE F Elkins, Barry D. NAME 2.2 NAME 1281 MURFREESBORO RD STREET ADDRESS 2.3 STREET ADDRESS 1281 Murfreesboro Road Nashville, Tennessee 37217 NASHVILLE TN CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETÉ 3.1 TITLE **Addition ELKINS, BARRY D** NAME 3.2 NAME Wilson, Ronald F. 1281 MURFREESBORO RD 1281 Murfreesboro Road STREET ADDRESS 3.3 STREET ADORESS NASHVILLE TN <u>Nashville, Tennessee 3721</u> CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Addition MOORE, BRIAN G 4. 2 NAME NAME 1281 MURFREESBORO RD STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 4.4 CITY - ST - ZIP <u>Nashville, Tennessee 37217</u> DELETE Addition TITLE 5.1 TITLE ADAIR JR. WILLIAM C NAME 5.2 NAME 1281 MURFREESBORO RD STREET ADDRESS **5.3 STREET ADDRESS** NASHVILLE TN Nashville, Tennessee 37217 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE CEOD TUERFF, JAMES R 6.2 NAME NAME 1281 MURFREESBORO RD 6.3 STREET ADDRESS STREET ADDRESS NASHVILLE TN

CITY-ST-ZIP NASHVILLE TN

6.4 CITY-ST-ZIP Nashville, Tennessee 37217

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

(10/97 CR2E034