2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# F97000006535

Entity Name: DIRECT GENERAL INSURANCE AGENCY, INC.

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: 62-1482471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
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

OFFICERS AND DIRECTORS:

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

Title: SVP
Name: NEWMAN, DAVID
Address: 1281 MURFREESBORO RD.
City-St-Zip: NASHVILLE, TN 37217

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

Title: AS
Name: COLLINS, CONSTANCE A
Address: 1281 MURFREESBORO ROAD
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: AMY SANFORD AS 04/04/2011

Electronic Signature of Signing Officer or Director Date