2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001293

Entity Name: DIRECT NATIONAL INSURANCE COMPANY

FILED Apr 27, 2018 Secretary of State CC9652173750

Current Principal Place of Business:

425 WEST CAPITOL AVENUE

STE 1800

LITTLE ROCK, AR 72201

Current Mailing Address:

5630 UNIVERSITY PARKWAY WINSTON-SALEM, NC 27105 US

FEI Number: 43-0622945 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32301 US

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

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 DIRECTOR, CFO

 Name
 KARFUNKEL, BARRY
 Name
 WEINER, MICHAEL

Address 59 MAIDEN LANE, 38TH FLOOR Address 59 MAIDEN LANE, 38TH FLOOR

City-State-Zip: NEW YORK NY 10038 City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, GENERAL COUNSEL AND Title PRESIDENT

SECRETARY

Name WEISSMANN, JEFFREY Name KARFUNKEL, ROBERT

Address 59 MAIDEN LANE, 38TH FLOOR

City-State-Zip: NEW YORK NY 10038

City-State-Zip: NEW YORK NY 10038

Title CAO

Name RENDALL, PETER Name BOLAR, DONALD

Address 59 MAIDEN LANE, 38TH FLOOR 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON SALEM NC 27105

City-State-Zip: NEW YORK NY 10038

Title VP TAX
Title CCO

Name SCHOCK, BRAD
Name HALL GEORGE JR

Address 5630 UNIVERSITY PARKWAY

City-State-Zip: WINSTON SALEM NC 27105

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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: BRAD SCHOCK VICE PRESIDENT 04/27/2018