

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001288

**Entity Name:** DIRECT GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

450 W. HANES MILL ROAD, STE 101  
WINSTON-SALEM, NC 27105

**Current Mailing Address:**

PO BOX 3199  
WINSTON-SALEM, NC 27102 US

**FEI Number:** 62-1695059

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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 VP, CAO  
Name BOLAR, DONALD  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON SALEM NC 27105

Title DIRECTOR  
Name HANES, DOUGLAS  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON SALEM NC 27105

Title DIRECTOR  
Name JULIANO, LENA  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR  
Name INCIONG, SARAH  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title AS  
Name JAUHAR, MEGHAN  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR, COB, P, COO  
Name RENDALL, PETER  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP  
Name HWANG, CHRISTINA  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR  
Name KULUK, AARON  
Address 450 W. HANES MILL ROAD  
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:** MEGHAN JAUHAR

**ASSISTANT SECRETARY** 04/19/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SVP, T  
Name            BAND, ALEXANDRA  
Address        450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105