

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001288

**Entity Name:** DIRECT GENERAL INSURANCE COMPANY

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC5411755295**

**Current Principal Place of Business:**

9636 NORTH HIGHGATE CIRCLE  
ATTN: GREGORY THOMAS  
INDIANAPOLIS, IN 46250

**Current Mailing Address:**

1281 MURFREESBORO RD  
NASHVILLE, TN 37217

**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	DCEO
Name	MULLEN, JOHN
Address	1281 MURFREESBORO RD
City-State-Zip:	NASHVILLE TN 37217
Title	D
Name	THOMAS, GREGORY
Address	201 NORTH ILLINOIS STREET, 16TH FLOOR SOUT
City-State-Zip:	INDIANAPOLIS IN 46204

Title	DCFO
Name	HAGELY, J. TODD
Address	1281 MURFREESBORO RD
City-State-Zip:	NASHVILLE TN 37217
Title	DSVP
Name	WALTERS, JONATHAN
Address	1281 MURFREESBORO RD
City-State-Zip:	NASHVILLE TN 37217

Title	SECRETARY
Name	ROBERSON, SHARON
Address	1281 MURFREESBORO RD
City-State-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: SHARON ROBERSON**

**SECRETARY**

**03/01/2016**

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

\_\_\_\_\_  
Date