

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001288

Entity Name: DIRECT GENERAL INSURANCE COMPANY

Current Principal Place of Business:

5630 UNIVERSITY PARKWAY
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 **CAO**
Name **BOLAR, DONALD**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON SALEM NC 27105**

Title **DIRECTOR**
Name **HANES, DOUGLAS**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON SALEM NC 27105**

Title **DIRECTOR**
Name **LAWICKI, PATRICIA**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON-SALEM NC 27105**

Title **DIRECTOR**
Name **INCIONG, SARAH**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON-SALEM NC 27105**

Title **CFO, VP**
Name **MACELLARO, PATRICK**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON-SALEM NC 27105**

Title **AS**
Name **JAUHAR, MEGHAN**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON-SALEM NC 27105**

Title **DIRECTOR, COB, P, COO**
Name **RENDALL, PETER**
Address **5630 UNIVERSITY PARKWAY**
City-State-Zip: **WINSTON-SALEM NC 27105**

Title **SVP. TAX**
Name **GOLDSTEIN, MICHAEL**
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: MICHAEL GOLDSTEIN

SVP, TAX

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KULUK, AARON
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105