

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214551160

1.) CORPORATION NAME:

Direct General Insurance Company

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1568908**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 617 INDIANA AVENUE
SUITE 217

CITY/ST/ZIP: INDIANAPOLIS, IN 46202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN MULLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1281 MURFREESBORO RD		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37217		
NAME:	JONATHAN WALTERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1281 MURFREESBORO ROAD		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37217		
NAME:	JOBIE WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	1281 MURFREESBORO RD		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37217		
NAME:	CONSTANCE COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	1281 MURFREESBORO RD		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37217		
NAME:	J TODD HAGELY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	1281 MURFREESBORO RD		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37217		
NAME:	JOHN ARENA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1281 MURFREESBORO RD		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37217		

NAME: JONATHAN DOWELL TITLE: ASST SECRETARY ADDRESS: 1281 MURFREESBORO ROAD CITY/ST/ZIP/CO: NASHVILLE, TN 37217	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: GREG THOMAS TITLE: DIRECTOR ADDRESS: 1281 MURFREESBORO ROAD CITY/ST/ZIP/CO: NASHVILLE, TN 37217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CONSTANCE COLLINS	CONSTANCE COLLINS, ASST SEC	11/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.