

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P26694** (0)

1. Corporation Name

DEALERS ASSURANCE COMPANY

Principal Place of Business

Mailing Address

3
P.O. BOX 21185
COLUMBUS OH 43221-7185

3
P.O. BOX 21185
COLUMBUS OH 43221-7185

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/02/1989** 3a. Date of Last Report **04/21/1994**

4. FEI Number **34-6513705** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

NOTE: Registered Agent signature required when resigning

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RATCHFORD, ROBERT L.
STREET ADDRESS	3518 RIVERSIDE DR.
CITY-STATE-ZIP	UPPER ARLINGTON OH
TITLE	SD
NAME	HAIRSTON, GEORGE W.
STREET ADDRESS	65 E. STATE ST.
CITY-STATE-ZIP	COLUMBUS OH
TITLE	D
NAME	BOGGS, LEWIS E
STREET ADDRESS	1601 N PLUM ST
CITY-STATE-ZIP	SPRINGFIELD OH
TITLE	T
NAME	SPOHN, SHARON M.
STREET ADDRESS	3518 RIVERSIDE DR.
CITY-STATE-ZIP	UPPER ARLINGTON OH
TITLE	D
NAME	KONDRACKE, DAVID R.
STREET ADDRESS	250 E. BROAD ST.
CITY-STATE-ZIP	COLUMBUS OH
TITLE	DC
NAME	MOORE, RICHARD H.
STREET ADDRESS	2245 NORTHBANK DR
CITY-STATE-ZIP	COLUMBUS OH

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is a true and accurate copy of the information required by Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Section 12 of Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Sharon M. Spohn*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/9/95 800-252-5913
Date Telephone