

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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**

3. Date incorporated or Qualified **11/02/1989** 3a. Date of Last Report **03/14/1995**  
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 26  
22 State, Apt. #, etc. 27 State, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399**

**10. Name and Address of New Registered Agent**

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 607.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign and type or printed name of registered agent and the legal officer. (NOTE: Registered Agent signature required when reconstituting)

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Ratchford* President Date: **2/23/96** 614-459-0364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)