

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26694 (0)

1. Corporation Name
DEALERS ASSURANCE COMPANY



Principal Place of Business 3 P.O. BOX 21185 COLUMBUS OH 43221-7185	Mailing Address 3 P.O. BOX 21185 COLUMBUS OH 43221-0185
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1989	3a. Date of Last Report 02/28/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 34-6513705	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 on title for printed name of registered agent or, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RATCHFORD, ROBERT L.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3518 RIVERSIDE DR.	CITY-ST-ZIP UPPER ARLINGTON OH	12 NAME	
	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
TITLE SD	NAME HAIRSTON, GEORGE W.	14 CITY-ST-ZIP	
STREET ADDRESS 65 E. STATE ST.	CITY-ST-ZIP COLUMBUS OH	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	22 NAME	
TITLE D	NAME BOGGS, LEWIS E	23 STREET ADDRESS	
STREET ADDRESS 1601 N PLUM ST	CITY-ST-ZIP SPRINGFIELD OH	24 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME SPOHN, SHARON M.	32 NAME	
STREET ADDRESS 3518 RIVERSIDE DR.	CITY-ST-ZIP UPPER ARLINGTON OH	33 STREET ADDRESS	
	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
TITLE D	NAME KONDRACKE, DAVID R.	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 250 E. BROAD ST.	CITY-ST-ZIP COLUMBUS OH	42 NAME	
	<input checked="" type="checkbox"/> DELETE	43 STREET ADDRESS	
TITLE DC	NAME MOORE, RICHARD H.	44 CITY-ST-ZIP	
STREET ADDRESS 2245 NORTHBANK DR	CITY-ST-ZIP COLUMBUS OH	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Sharon M. Spohn* **Sharon M. Spohn** 1/8/97 614-459-0364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)