

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90047 032 ***150.00

DOCUMENT # P26694

1. Entity 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 43221-0185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-6513705

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Ratchford, Jr.* **Robert L. Ratchford, Jr** **800-282-8913**
 PRESIDENT **2/18/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)