

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26694

FILED
Jan 06, 2017
Secretary of State
CC5635554010

Entity Name: DEALERS ASSURANCE COMPANY

Current Principal Place of Business:

240 N. FIFTH STREET
SUITE 350
COLUMBUS, OH 43215

Current Mailing Address:

240 N. FIFTH STREET
SUITE 350
COLUMBUS, OH 43215 US

FEI Number: 34-6513705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRUBER, KRISTEN A
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215

Title SECRETARY
Name LEVINE, DAVID S
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215

Title CFO, VP & TREASURER
Name TOY, LINDA M
Address 15920 ADDISON ROAD
City-State-Zip: ADDISON TX 75001

Title DIRECTOR
Name GRUBER, KRISTEN A
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name SMITH, JAMES B
Address 15920 ADDISON ROAD
City-State-Zip: ADDISON TX 75001

Title DIRECTOR
Name ECKERT, EDMOND M
Address 15920 ADDISON ROAD
City-State-Zip: ADDISON TX 75001

Title DIRECTOR
Name BOWSHER, ROBERT R
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name ROGERS, MICHAEL T
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID LEVINE

VP & SECRETARY

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WESTLAKE, KELLY A
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215