

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26694

**Entity Name:** DEALERS ASSURANCE COMPANY

**Current Principal Place of Business:**

15920 ADDISON ROAD  
ADDISON, TX 75001

**Current Mailing Address:**

15920 ADDISON ROAD  
ADDISON, TX 75001 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        15920 ADDISON RD  
City-State-Zip: ADDISON TX 75001

Title            SECRETARY  
Name            PEDELTY, JOSHUA R  
Address        15920 ADDISON RD  
City-State-Zip: ADDISON TX 75001

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

Title            DIRECTOR  
Name            CARROTHERS, DOUGLAS  
Address        15920 ADDISON RD  
City-State-Zip: ADDISON TX 75001

Title            DIRECTOR  
Name            FROELICH, MARILYN  
Address        15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

Title            DIRECTOR  
Name            OKSENDAHL, DOUGLAS  
Address        15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

Title            DIRECTOR  
Name            LAND PEAVY, SHELBY  
Address        15920 ADDISON RD  
City-State-Zip: ADDISON TX 75001

Title            DIRECTOR  
Name            RICARD, DENIS  
Address        15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

**Continues on page 2**

*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:** LISA KIRK

**ASST. SECRETARY**

**02/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STICKNEY, MICHAEL  
Address 15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

Title ASSISTANT SECRETARY  
Name KIRK, LISA  
Address 15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

Title DIRECTOR  
Name PEPIN, NORMAND  
Address 15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

Title DIRECTOR  
Name VAN GENDEREN, WARREN  
Address 15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001

Title DIRECTOR  
Name CHAREST, YVON  
Address 15920 ADDISON ROAD  
City-State-Zip: ADDISON TX 75001