

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26694

**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC2132091834**

**Entity Name:** DEALERS ASSURANCE COMPANY

**Current Principal Place of Business:**

3518 RIVERSIDE DRIVE  
COLUMBUS, OH 43221-0185

**Current Mailing Address:**

3518 RIVERSIDE DRIVE  
COLUMBUS, OH 43221-0185

**FEI Number:** 34-6513705

**Certificate of Status Desired:** Yes

**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            BORCHARDT, KIRK A  
Address        3518 RIVERSIDE DR.  
City-State-Zip: UPPER ARLINGTON OH 43221

Title            SECRETARY  
Name            GEORGE, DANIEL E  
Address        3518 RIVERSIDE DRIVE  
City-State-Zip: UPPER ARLINGTON OH 43221

Title            TREASURER  
Name            SPOHN, SHARON M  
Address        3518 RIVERSIDE DR.  
City-State-Zip: UPPER ARLINGTON OH 43221

Title            DIRECTOR  
Name            BORCHARDT, KIRK A  
Address        3518 RIVERSIDE DRIVE  
City-State-Zip: UPPER ARLINGTON OH 43221

*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:** SHARON M. SPOHN

**TREASURER**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date