

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26694

FILED
Jan 12, 2015
Secretary of State
CC3151188607

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:

CORPORATION SERVICE COMPANY
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: MAUREEN CATHELL

01/12/2015

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 TREASURER
Name SPOHN, SHARON M
Address 240 N. FIFTH STREET
 SUITE 350
City-State-Zip: COLUMBUS OH 43215

Title CFO & VP
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

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: DAVID S. LEVINE

SECRETARY

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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