

AMENDED FILING COVER SHEET

Amended File Title	Amended Explanation
General Interrogatories - Part 2 (4 pgs)	Corrected the answer to question 7.1 and answered question 13.1
Schedule F - Part 1 Assumed Reinsurance	Corrected the Line on which the Assumed Reinsurance was reported and rounded to the nearest 000's
Actuarial Opinion Data Capture	Inserted the amounts in Exhibit A item 7 (direct and assumed UEP), Exhibit A item 8 (Net UEP) and Exhibit B item 5 (materiality standard)



16705201220100100

ANNUAL STATEMENT

For the Year Ended December 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Dealers Assurance Company

NAIC Group Code	0000	0000	NAIC Company Code	16705	Employer's ID Number	34-6513705
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	US					
Incorporated/Organized	August 2, 1935		Commenced Business	August 2, 1935		
Statutory Home Office	3518 Riverside Drive		Upper Arlington, OH, US	43221		
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	3518 Riverside Drive		Upper Arlington, OH, US	43221	800-282-8913	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	3518 Riverside Drive		Upper Arlington, OH, US	43221		
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	3518 Riverside Drive		Upper Arlington, OH, US	43221	800-282-8913	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.dealersassurance.com					
Statutory Statement Contact	Daniel E. George		800-282-8913-208			
	(Name)		(Area Code) (Telephone Number)	(Extension)		
	dgeorge@dealersassurance.com			614-459-2665		
	(E-Mail Address)			(Fax Number)		

OFFICERS

	Name	Title
1.	Kirk Alan Borchardt	CEO/President
2.	Daniel Eric George	CFO/Secretary
3.	Sharon Mae Spohn	Treasurer

VICE-PRESIDENTS

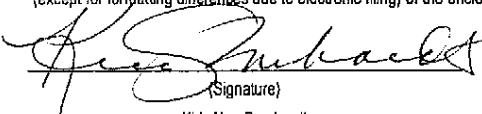
Name	Title	Name	Title
Edmond Melgar Eckert	Vice President		

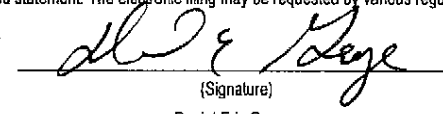
DIRECTORS OR TRUSTEES

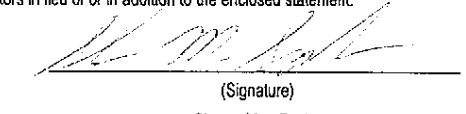
James Bradford Smith	Edmond Melgar Eckert	Sharon Mae Spohn	Kirk Alan Borchardt
Daniel Eric George			

State of Ohio
County of Franklin ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 (Signature)
 Kirk Alan Borchardt

 (Signature)
 Daniel Eric George

 (Signature)
 Sharon Mae Spohn

SCHEDULE F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
88-0312513	10008	Western Insurance Company	UT	6,589						4,123				4,123
0599998	Other U.S. Unaffiliated Insurers - less than \$100,000													
0599999	Total - Other U.S. Unaffiliated Insurers			6,589						4,123				4,123
9999999	Grand Total - Schedule F - Part 1			6,589						4,123				4,123