

**AMENDED FILING COVER SHEET**

Amended File Title	Amended Explanation
Jurat	ReClass between Assets and Liabilities
Assets	ReClass between Assets and Liabilities
Liabilities, Surplus and Other Funds	ReClass between Assets and Liabilities
Cash Flow	ReClass between Assets and Liabilities
Five-Year Historical Data (2 pgs)	ReClass between Assets and Liabilities
Schedule F - Part 9	ReClass between Assets and Liabilities



16705201320100100

## ANNUAL STATEMENT

**For the Year Ended December 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE**

## **Dealers Assurance Company**

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	16705	Employer's ID Number	34-6513705
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	240 North Fifth St, Suite 350 (Street and Number)			Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Main Administrative Office	15920 Addison Rd (Street and Number)					
	Addison, TX, US 75001 (City or Town, State, Country and Zip Code)			800-282-8913 (Area Code)		(Telephone Number)
Mail Address	240 North Fifth St, Suite 350 (Street and Number or P.O. Box)			Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	240 North Fifth St, Suite 350 (Street and Number)			Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		800-282-8913 (Area Code) (Telephone Number)
Internet Web Site Address	www.dealersassurance.com					
Statutory Statement Contact	Daniel E George (Name)			800-282-8913-208 (Area Code)		(Telephone Number) (Extension)
	dgeorge@dealersassurance.com (E-Mail Address)			614-459-2665 (Fax Number)		

## OFFICERS

Name	Title
1. Kristen Anne Gruber #	President
2. Daniel Eric George	CFO/Secretary
3. Sharon Mae Spohn	Treasurer

## VICE-PRESIDENTS

## **DIRECTORS OR TRUSTEES**

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.

Kirkland A. Shuler  
(Signature)

Al E. Dye  
(Signature)

in lieu of or in addition to the enclosed statement.

  
(Signature)

Kristen Anne Gruber  
(Printed Name)  
1.  
President  
(Title)

Daniel Eric George  
(Printed Name)  
2.  
CFO/Secretary  
(Title)

a. Is this an original filing?  Yes  No

b. If no: 1. State the amendment number . . . . .  
2. Date filed . . . . .  
3. Number of pages attached . . . . .

**SCHEDULE F – PART 9**

## Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	77,841,877		77,841,877
2. Premiums and considerations (Line 15)	1,467,716		1,467,716
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	1,405,122		1,405,122
6. Net amount recoverable from reinsurers		184,287,289	184,287,289
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	80,714,715	184,287,289	265,002,004
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3)	40,988	3,374,111	3,415,099
10. Taxes, expenses, and other obligations (Lines 4 through 8)	2,610,471		2,610,471
11. Unearned premiums (Line 9)	15,997,529	181,263,021	197,260,550
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	349,843	(349,843)	
15. Funds held by company under reinsurance treaties (Line 13)	5,892,176		5,892,176
16. Amounts withheld or retained by company for account of others (Line 14)	5,045,632		5,045,632
17. Provision for reinsurance (Line 16)			
18. Other liabilities			
19. Total liabilities excluding protected cell business (Line 26)	29,936,639	184,287,289	214,223,928
20. Protected cell liabilities (Line 27)	50,778,076	XXX	50,778,076
21. Surplus as regards policyholders (Line 37)			
22. Totals (Line 38)	80,714,715	184,287,289	265,002,004

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance

or pooling arrangements? Yes [ ] No [X]

If yes, give full explanation:

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