

AMENDED FILING COVER SHEET

Amended File Title	Amended Explanation
Actuarial Opinion Data Capture	Completed Actuarial Opinion Data Capture for line 7 Reserve for Direct and Assumed Unearned Premiums for Long Duration Contracts and line 8 for Net Unearned Premiums for Long Duration Contracts.



16705201520100100

ANNUAL STATEMENT

For the Year Ended December 31, 2015
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 ext 11773 (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 ext 11773 (Area Code) (Telephone Number)	
Internet Web Site Address	www.dealersassurance.com					
Statutory Statement Contact	Linda M Toy (Name)		800-282-8913 ext 11773 (Area Code) (Telephone Number) (Extension)			
	ltoy@dealersassurance.com (E-Mail Address)				614-459-2665 (Fax Number)	

OFFICERS

Name	Title
1. Kristen Anne Gruber	President
2. David Steven Levine	Secretary
3. Linda Marie Toy #	Treasurer
4. David Paul May	Assistant Secretary

VICE-PRESIDENTS

DIRECTORS OR TRUSTEES

State of Ohio
County of Franklin

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.

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

Handwritten Signature
(Signature)
David Steven Levine.
(Printed Name)
2.
Secretary
(Title)

Linda Marie Toy
(Signature)
Linda Marie Toy
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to (or affirmed) before me this on this
22nd day of February , 2016, by

KEITH H BURKHOLDER
Notary Public
In and for the State of Ohio
My Commission Expires
August 17, 2020



a. Is this an original filing?

Notary Public
In and for the State of Ohio
My Commission Expires
August 17, 2020

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

· Yes No