

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814107

FILED
Apr 05, 2011
Secretary of State

Entity Name: GREAT AMERICAN ASSURANCE COMPANY

Current Principal Place of Business:

301 E. 4TH ST.
CINCINNATI, OH 452024201 US

New Principal Place of Business:

Current Mailing Address:

301 E. 4TH ST.
CINCINNATI, OH 452024201 US

New Mailing Address:

FEI Number: 15-6020948 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCP
Name: LARSON, DONALD D
Address: 580 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP
Name: WITZGALL, DAVID J
Address: 301 E. FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP
Name: GRUBER, GARY J
Address: 580 WALNUT ST.
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP
Name: HORRELL, KAREN HOLLEY
Address: 508 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP
Name: ROSEN, EVE CUTLER
Address: 301 E. FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202 US

Title: AVAS
Name: BERAHA, STEPHEN C
Address: 301 E. FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202 US

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: STEPHEN C. BERAHA

AVP

04/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date