FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:00

DOCUMENT # 818908 (6)

1. Corporation Name
GREAT AMERICAN RESERVE INSURANCE COMPANY

Principal Place of Business	Mailing Address
11815 N PENNSYLVANIA ST P O BOX 1911 CARMEL IN 46032	11815 N PENNSYLVANIA ST P O BOX 1911 CARMEL IN 46032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-0300900 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER AND TREASURER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	HILBERT, STEPHEN C	1.2 NAME	
STREET ADDRESS	11815 N PENNSYLVANIA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GONGAWARE, DONALD F	2.2 NAME	
STREET ADDRESS	11815 N PENNSYLVANIA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DICK, ROLLIN M	3.2 NAME	
STREET ADDRESS	11815 N PENNSYLVANIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	INLOW, LAWRENCE W	4.2 NAME	
STREET ADDRESS	11815 N PENNSYLVANIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JAMES S	5.2 NAME	
STREET ADDRESS	11815 N PENNSYLVANIA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☒ Addition
NAME	TYSON, LYNN C.	6.2 NAME	Cuneo, Ngaire E.
STREET ADDRESS	11815 N PENNSYLVANIA ST	6.3 STREET ADDRESS	745 Fifth Avenue Suite 2700
CITY-ST-ZIP	CARMEL IN	6.4 CITY-ST-ZIP	New York, New York 10151

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: _____ Robert E. Burkett, Jr. 2/13/95 (317) 817-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476460 FP