

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818908 (6)**

1. Corporation Name  
**GREAT AMERICAN RESERVE INSURANCE COMPANY**



Principal Place of Business 11815 N PENNSYLVANIA ST P O BOX 1911 CARMEL IN 46032	Mailing Address 11815 N PENNSYLVANIA ST P O BOX 1911 CARMEL IN 46032
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/23/1965	3a. Date of Last Report 02/20/1995	4. FEI Number 75-0300900	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  <b>INSURANCE COMMISSIONER AND TREASURER                  CAPITOL BLDG                  TALLAHASSEE FL 32301</b>	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILBERT, STEPHEN C	1.2 NAME	Cuneo, Ngaire
STREET ADDRESS	11815 N PENNSYLVANIA ST	1.3 STREET ADDRESS	745 Fifth Ave., Suite 2700
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	New York, N.Y.
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, LYNN C.	6.2 NAME	
STREET ADDRESS	11815 N PENNSYLVANIA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	6.4 CITY-ST-ZIP	

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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)(k), 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 an attachment with an address.

SIGNATURE: *Lawrence W. Inlow* **Lawrence W. Inlow** EVP, Secretary General Counsel 817- (317)6100

CR2E034 (12/95)

*RSB*  
 4-12-96