

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	2a. Mailing Address	3. Date Incorporated or Qualified 07/23/1965	3a. Date of Last Report 02/20/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 75-0300900	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE COMMISSIONER AND TREASURER CAPITOL BLDG TALLAHASSEE FL 32301	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 607.1506, 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)

[Signature]
 4-12-96