

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**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 46032-4911**

3. Date Incorporated or Qualified: **07/23/1965**      3a. Date of Last Report: **04/12/1996**  
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**  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip - Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HILBERT, STEPHEN C	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY - ST - ZIP	CARMEL IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONGAWARE, DONALD F	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY - ST - ZIP	CARMEL IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY - ST - ZIP	CARMEL IN	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	INLOW, LAWRENCE W	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY - ST - ZIP	CARMEL IN	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JAMES S	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY - ST - ZIP	CARMEL IN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TYSON, LYNN C	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY - ST - ZIP	CARMEL IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hilbert, Stephen C.	
1.3 STREET ADDRESS	11815 N. Pennsylvania Street	
1.4 CITY - ST - ZIP	Carmel, IN 46032	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gongaware, Donald F.	
2.3 STREET ADDRESS	11815 N. Pennsylvania Street	
2.4 CITY - ST - ZIP	Carmel, IN 46032	
3.1 TITLE	EVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Inlow, Lawrence W.	
3.3 STREET ADDRESS	11815 N. Pennsylvania Street	
3.4 CITY - ST - ZIP	Carmel, IN 46032	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Inlow, Lawrence W.	
4.3 STREET ADDRESS	11815 N. Pennsylvania Street	
4.4 CITY - ST - ZIP	Carmel, IN 46032	
5.1 TITLE	SVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Adams, James S..	
5.3 STREET ADDRESS	11815 N. Pennsylvania Street	
5.4 CITY - ST - ZIP	Carmel, IN 46032	
6.1 TITLE	SVPA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ruhl, Ronald F.	
6.3 STREET ADDRESS	11815 N. Pennsylvania Street	
6.4 CITY - ST - ZIP	Carmel, IN 46032	

14. I do hereby certify that the information supplied with this filing 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 or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)