2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#837290

FILED Apr 05, 2011 Secretary of State

Entity Name: GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

301 E. 4TH ST.

CINCINNATI, OH 452024201 US

Current Mailing Address: New Mailing Address:

301 E. 4TH ST.

CINCINNATI, OH 452024201 US

FEI Number: 95-1542353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: DSVP

Name: HOLLEY HORRELL, KAREN

Address: 580 WALNUT ST.

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: AVAS

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

Title: DCP

Name: LARSON, DONALD D Address: 580 WALNUT ST.

City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP

 Name:
 CUTLER ROSEN, EVE

 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