2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jul 15, 2005 8:00 am Secretary of State

July 5, 2005 Date

513-369-5013 Daytime Phone #

Eve Cutler Rosen

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 805761 1. Entity Name GREAT AMERICAN INSURANCE COMPANY						07-15-2005 90022 033 ***150.00					
Principal Place of Business Mailing Address											
580 WALNUT ST. 580 WALNUT ST. CINCINNATI, OH 45202			,								
Cintonition,	011 43202	ontoinitivii, oit 43202	-				EGIET GMITTERIE PILET ILO	ı elek elek elek elek e	211 8/211 818		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052005	Chg-P	CR2E034	(10/03)			
City & State		City & State		•	4. FEI Numbe 31-050				oplied For of Applicable		
Zip	Country Zip Cou		Coun	itry	5 Certificate of Status Desired \$8.75 Additional					ditional	
	6 Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					d		
6. Name and Address of Current Registered Agent					Name						
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)			Street Address (P.O. Box Number is Not Acceptable)								
200 E. GAINES ST TALLAHASSEE, FL 32399-0000											
								FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered.					register	ed agent, or bot	n, in the State of Fig		niliar with,	and accept	
the obligations of registered agent.											
SIGNATURE_	Programme and the second secon		- O -:	I be at least				D. 77			
	Signature, typed or printed name of registered agent	and the rapplicable (NOTE	:: Hegistere	d Ageni signalu	ke tednited	(when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Final Trust Fund Contribution.				ncing	\$5. Add	.00 May Be ed to Fees	In accordance v corporation did	with s. 607.19 not receive th	3(2)(b), ne prior a	F.S., the notice.	
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIREC			RECTOR	S IN 11		
TITLE	PD Delete LINDNER, III, CARL H		TITLI		D/SVP/T Change D WITZGALL, DAVID J			X Addition			
NAME STREET ADDRESS			1	ET ADDRESS	l						
CITY-ST-ZIP	CINCINNATI, OH 45202	ICINNATI, OH 45202		-ST-ZIP		CINNATI, OF					
IITLE	AVPS	☐ Delete Ⅱ		Ε	AVP//	AS		0	Change	Addition	
NAMÉ	HAYES, RONALD C		NAM								
STREET ADDRESS CITY-ST-ZIP				et address - St-Zip							
					D/SVP/S XI Change Add					C) Addition	
TITLE	HORRELL, KAREN HOLLEY		LITT.	10/04/10			10	1 Charle	Addition		
STREET ADDRESS	580 WALNUT ST.		STRE	ET ADDRESS							
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY	-ST-ZIP							
TITLE	VPAS	☐ Delete	TITL		D/SV	P/AS		X	Change	☐ Addition	
HAME	ROSEN, EVE CUTLER		NAM								
STREET ADDRESS CITY-ST-ZIP	580 WALNUT STREET CINCINNATI, OH 45202			et address -st-zip							
TITLE	DSVP	☐ Delete	TITL		D/EVF		· · · · · ·		Change	☐ Addition	
NAME	LARSON, DONALD D	LI Delete III			DIEVI			jA	J anonge	LT vaderon	
STREET ADDRESS	580 WALNUT STREET		STRE	ET ADDRESS							
CITY+ST-ZIP	CINCINNATI, OH 45202		CITY	-ST-ZIP							
TITLE	DVPT	☐ Delete T			D/EV	EVP 🔀 Change 🗔 Ac			Addition		
NAME ATOSET LODGESO	JENSEN, KEITH A		NAM								
STREET ADDRESS CITY-ST-ZIP	580 WALNUT STREET CINCINNATI, OH 45202			et address '-st-zip							
40 15	Language and the state of the s	this filing does not availted.	the ove	motion stat	ad in Co	etion 110 07/31/) Florida Statutos	i further endific	that the i	nformation	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											