

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814107

**Entity Name:** GREAT AMERICAN ASSURANCE COMPANY

**Current Principal Place of Business:**

301 E. FOURTH STREET  
CINCINNATI, OH 45202-4201

**Current Mailing Address:**

301 E. FOURTH STREET  
CINCINNATI, OH 45202-4201 US

**FEI Number: 15-6020948**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC1399050725**

*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

**Officer/Director Detail :**

Title D/COB/P  
Name LARSON, DONALD D  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title D/SVP/CFO/T  
Name WITZGALL, DAVID J  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title D/EVP  
Name GRUBER, GARY J  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title D/SVP/EC/S  
Name ROSEN, EVE CUTLER  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title AVP/AS  
Name BERAHA, STEPHEN C  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title D/EVP  
Name BRICHLER, RONALD J.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title D/SVP  
Name LATTO, AARON B.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title D  
Name PIERCE, MICHAEL D.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

**Continues on page 2**

*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: ROBERT J ZBACNIK**

**ASSISTANT TREASURER 03/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name SULLIVAN, MICHAEL E. JR.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title SVP/GC  
Name ERHART, SUE A.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title VP/CONTROLLER  
Name SCHWARTZ, ROBERT J.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title AT  
Name BAIRD, H. KIM  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title VP/ACTUARY  
Name HAYS, LISA A.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title VP/AT  
Name GARDNER, ANNETTE D.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title VP  
Name THOLEN, JOHN W.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title AT  
Name ZBACNIK, ROBERT J.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201