

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04241

Entity Name: GREAT AMERICAN CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**301 E. FOURTH STREET
CINCINNATI, OH 45201-4201**Current Mailing Address:**301 E. FOURTH STREET
CINCINNATI, OH 45201-4201 US**FEI Number:** 61-0983091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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**Officer/Director Detail :**

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

Title	DSVPS
Name	ROSEN, EVE CUTLER
Address	301 E. FOURTH STREET
City-State-Zip:	CINCINNATI OH 45202

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

Title	DSVPT
Name	WITZGALL, DAVID J
Address	301 E. FOURTH STREET
City-State-Zip:	CINCINNATI OH 45202

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

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: EVE CUTLER ROSENSVP, GEN COUNSEL &
SECY

04/17/2013

Electronic Signature of Signing Officer/Director Detail_____
Date