

2018 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
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 D/SVP
Name THOMPSON, JR., DAVID L.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title D/CHAIRMAN/PRESIDENT
Name GRUBER, GARY J
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/SVP
Name LATTO, AARON B.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title D
Name GILLIS, MICHELLE A.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title D/SVP/CFO/T
Name WITZGALL, DAVID J
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 45201-4201

Title D
Name PIERCE, MICHAEL D.
Address 1515 WOODFIELD RD
City-State-Zip: SCHAUMBURG IL 60173

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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 03/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D/EVP
Name SULLIVAN, MICHAEL E. JR.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title SVP/GC/S
Name ERHART, SUE A.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title VP/CONTROLLER
Name SCHWARTZ, ROBERT J.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title AT
Name BAIRD, H. KIM
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title VP/ACTUARY
Name HAYS, LISA A.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title VP/AT
Name GARDNER, ANNETTE D.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title VP
Name THOLEN, JOHN W.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201

Title AT
Name ZBACNIK, ROBERT J.
Address 301 E. FOURTH STREET
City-State-Zip: CINCINNATI OH 45201-4201