

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814107

FILED  
Mar 15, 2004  
Secretary of State

Entity Name: GREAT AMERICAN ASSURANCE COMPANY

## Current Principal Place of Business:

580 WALNUT STREET  
CINCINNATI, OH 45202 US

## New Principal Place of Business:

## Current Mailing Address:

580 WALNUT STREET  
CINCINNATI, OH 45202 US

## New Mailing Address:

FEI Number: 15-6020948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DEVP ( ) Delete  
Name: LARSON, DONALD D  
Address: 580 WALNUT STREET  
City-St-Zip: CINCINNATI, OH 45202 US

Title: CPD ( ) Delete  
Name: LINDNER, CARL H., II, I  
Address: 580 WALNUT ST.  
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP ( ) Delete  
Name: GRUBER, GARY J.  
Address: 580 WALNUT ST.  
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP ( ) Delete  
Name: HORRELL, KAREN HOLLEY  
Address: 508 WALNUT STREET  
City-St-Zip: CINCINNATI, OH 45202 US

Title: DVT ( ) Delete  
Name: JENSEN, KEITH A  
Address: 580 WALNUT ST.  
City-St-Zip: CINCINNATI, OH 45202 US

Title: VPAS ( ) Delete  
Name: CUTLER ROSEN, EVE  
Address: 580 WALNUT STREET  
City-St-Zip: CINCINNATI, OH 45202 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CPD (X) Change ( ) Addition  
Name: LINDNER, III, CARL H  
Address: 580 WALNUT ST.  
City-St-Zip: CINCINNATI, OH 45202 US

Title: DSVP (X) Change ( ) Addition  
Name: GRUBER, GARY J  
Address: 580 WALNUT ST.  
City-St-Zip: CINCINNATI, OH 45202 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EVE CUTLER ROSEN

VPAS

03/15/2004

Electronic Signature of Signing Officer or Director

Date