

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mutham
Secretary of State
DIVISION OF CORPORATIONS

pg. 1 of 2

DOCUMENT # 854120 (3)

1. Corporation Name

GREAT AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business

250 E. FIFTH STREET
CINCINNATI OH 45202
US

Mailing Address

P. O. BOX 5420
CINCINNATI OH 45201-5420
US

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
THE J. EDWIN LARSON BLDG.
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1982	03/16/1995
4. FEI Number	Applied For Not Applicable
13-1935920	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0532 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0532, Florida Statutes.

SIGNATURE

Signature of person authorized to register corporation in Florida

Date of Signature (Agent's Signature Not Required)

Date of Signature (Agent's Signature Not Required)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ADAMS, ROBERT A.	
STREET ADDRESS	250 E. FIFTH STREET	
CITY-STATE-ZIP	CINCINNATI OH	
TITLE	VP	☐ DELETE
NAME	LIGUZINSKI, THOMAS K.	
STREET ADDRESS	250 E 5TH STREET	
CITY-STATE-ZIP	CINCINNATI OH	
TITLE	VPD	☐ DELETE
NAME	MORTENSEN, JAMES M.	
STREET ADDRESS	250 E. 5TH ST.	
CITY-STATE-ZIP	CINCINNATI OH	
TITLE	VT	☐ DELETE
NAME	ALLEN, ROBERT E	
STREET ADDRESS	6330 SAN VICENTE BLVD	
CITY-STATE-ZIP	LOS ANGELES CA	
TITLE	V	☒ DELETE
NAME	JOHNSON, ROGER D	
STREET ADDRESS	6330 SAN VICENTE BLVD	
CITY-STATE-ZIP	LOS ANGELES, CA 00000	
TITLE	V	☐ DELETE
NAME	KASPROWICZ, BETTY M.	
STREET ADDRESS	250 E. 5TH ST.	
CITY-STATE-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	☐ Change ☐ Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	☐ Change ☐ Addition
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	☐ Change ☐ Addition
42 TITLE	
43 NAME	
44 STREET ADDRESS	
45 CITY-STATE-ZIP	☐ Change ☐ Addition
46 TITLE	
47 NAME	
48 STREET ADDRESS	
49 CITY-STATE-ZIP	☐ Change ☐ Addition
50 TITLE	
51 NAME	
52 STREET ADDRESS	
53 CITY-STATE-ZIP	☐ Change ☐ Addition
54 TITLE	
55 NAME	
56 STREET ADDRESS	
57 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 record or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Robert E. Allen

Robert E. Allen - V.P./Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(513) 357-3350
S.E. 3-20-96

CR2E034 (12/95)

49282

FLORIDA

**GREAT AMERICAN LIFE INSURANCE COMPANY
OFFICERS AND DIRECTORS CONTINUED**

	OFFICERS	DIRECTORS
VP	Thomas K. Liguzinski	Stephen C. Lindner
VP	A. Ronald Greene III	Jeffrey S. Tate
VP	James L. Henderson	
VP	N. Gary Howell	
VP	Michael J. O'Connor	
Asst-VP	Paige G. Campbell	
Asst-VP	George Chovan	
Asst-VP	Richard W. Lozier	
Asst-VP	Larry Munoz	
Asst-VP	David P. Faeth *	
Asst-VP	Lynn E. Laswell *	
Asst-VP	Martin E. Uhl, Jr. *	

The addresss for alll of the above is: 250 E. Fifth Street
Cincinnati, OH 45202

* Indicates New Officer