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Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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		3. Date Incorporated or Qualified 09/20/1982	3a. Date of Last Report 03/20/1996
21. State	22. City & State	26. Suite/Apt #, etc.	27. City & State	4. FEI Number 13-1935920	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ADAMS, ROBERT A. 250 E. FIFTH STREET CINCINNATI OH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP LIGUZINSKI, THOMAS K. 250 E 5TH STREET CINCINNATI OH	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VPD MORTENSEN, JAMES M. 250 E. 5TH ST. CINCINNATI OH	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VT ALLEN, ROBERT E 6330 SAN VICENTE BLVD LOS ANGELES CA	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V JOHNSON, ROGER D 6330 SAN VICENTE BLVD LOS ANGELES, CA 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KASPROWICZ, BETTY M. 250 E. 5TH ST. CINCINNATI OH	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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, if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Robert E. Allen - V.P./Treasurer (513) 357-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**FLORIDA**

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

**OFFICERS**

VP	Thomas K. Liguzinski
VP	A. Ronald Greene III
VP	James L. Henderson
VP	N. Gary Howell
Sr. VP	Michael J. O'Connor
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.
Sr. VP	Myron Steven Chapel*
VP	Eugene Peter Ruehlman, Jr.*
VP	Barry Ford Bradshaw*
VP	Michael Joseph Schulze*
VP	Peter Michael Titone*
Asst.-VP	John Paul Gruber*

**DIRECTORS**

Stephen C. Lindner  
Jeffrey S. Tate

The addresses for all of the above is: 250 East Fifth Street  
Cincinnati, Ohio 45202

\*Indicates New Officer