


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 03 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1982

4. FEI Number

13-1935920

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ADAMS, ROBERT A.**
STREET ADDRESS **250 E. FIFTH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VP** ☐ DELETE
NAME **LIGUZINSKI, THOMAS K.**
STREET ADDRESS **250 E 5TH STREET**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VPD** ☐ DELETE
NAME **MORTENSEN, JAMES M.**
STREET ADDRESS **250 E. 5TH ST.**
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VT** ☐ DELETE
NAME **ALLEN, ROBERT E**
STREET ADDRESS **6330 SAN VICENTE BLVD**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **V** ☐ DELETE
NAME **KASPROWICZ, BETTY M.**
STREET ADDRESS **250 E. 5TH ST.**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 a checkmark.

SIGNATURE:

Robert E. Allen VP/Treasurer (513)412-2920

CR2E034 (10/97)



FLORIDA

**GREAT AMERICAN LIFE INSURANCE COMPANY (#63312)
OFFICERS AND DIRECTORS CONTINUED**

OFFICERS

| | |
|-----|-----------------------------|
| V/D | William Jack Maney, II |
| V | Michael J. O'Connor |
| V | Myron Steven Chapel |
| V | Arthur R. Greene III |
| V | Lynn Edward Laswell |
| V/T | Robert E. Allen |
| V | Norman G. Howell |
| V | # David Butler Rich |
| V | # Charles Richard Scheper |
| V | Barry Ford Bradshaw |
| V | # Vincent James Granieri |
| V | James Lee Henderson |
| V | # William Larry Munoz |
| V | Eugene Peter Ruehlmann, Jr. |
| V | Michael Joseph Schulze |
| V | Peter Michael Titone |

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