

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90018 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854120

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/20/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 13-1935920	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

9. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE THE J. EDWIN LARSON BLDG. TALLAHASSEE FL 32304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL
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10. Name and Address of New Registered Agent 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT A.	1.2 NAME	
STREET ADDRESS	250 E. FIFTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGUZINSKI, THOMAS K.	2.2 NAME	
STREET ADDRESS	250 E 5TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSEN, JAMES M.	3.2 NAME	
STREET ADDRESS	250 E. 5TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT E	4.2 NAME	Laswell, Lynn E.
STREET ADDRESS	6330 SAN VICENTE BLVD	4.3 STREET ADDRESS	250 E. Fifth Street
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPROWICZ, BETTY M.	5.2 NAME	
STREET ADDRESS	250 E. 5TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE:  **REQUIRED** E. Laswell 4/22/99 (513) 357-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

475679-90018-42
854120

FLORIDA

GREAT AMERICAN LIFE INSURANCE COMPANY (#63312)
OFFICERS AND DIRECTORS CONTINUED
December 31, 1998

OFFICERS

V/D	William Jack Maney, II
V	Michael J. O'Connor
V	Myron Steven Chapel
V	Arthur R. Greene III
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
V	# Adrienne Susan Kessling
V	# Mark Wylie Honibrook

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

Indicates New Officer