

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90040 046 \*\*\*150.00

**DOCUMENT # 854120**

1. Entity Name

**GREAT AMERICAN LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**250 E. FIFTH STREET  
 CINCINNATI OH 45202  
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-1935920**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ADAMS, ROBERT A.<br>250 E. FIFTH STREET<br>CINCINNATI OH      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Scheper, Charles R.<br>250 E. Fifth Street<br>Cincinnati, Oh 45202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LIGUZINSKI, THOMAS K.<br>250 E 5TH STREET<br>CINCINNATI OH    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MORTENSEN, JAMES M.<br>250 E. 5TH ST.<br>CINCINNATI OH       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>LASWELL, LYNN E<br>250 E. FIFTH STREET<br>CINCINNATI OH 45202 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>Wilson, Wendy L.<br>250 E. Fifth Street<br>Cincinnati, Oh 45202    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KASPROWICZ, BETTY M.<br>250 E. 5TH ST.<br>CINCINNATI OH        | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Wendy L. Wilson*

Wendy L. Wilson 513-357-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

854120

923805

**FLORIDA**

**GREAT AMERICAN LIFE INSURANCE COMPANY (#63312)**  
**OFFICERS AND DIRECTORS CONTINUED**  
**December 31, 1999**

**OFFICERS**

|     |                             |
|-----|-----------------------------|
| V/D | William Jack Maney, II      |
| V   | Michael J. O'Connor         |
| V   | David Butler Rich           |
| V   | Mark Francis Muething       |
| V   | Barry Ford Bradshaw         |
| VA  | Vincent James Granieri      |
| V   | James Lee Henderson         |
| V   | William Larry Munoz         |
| V   | Eugene Peter Ruehlmann, Jr. |
| V   | # John Paul Gruber          |
| V   | Peter Michael Titone        |
| V   | Adrienne Susan Kessler      |
| V   | # Daniel James Fischer      |
| V   | # Bonnie Lynne Johnson      |
| V   | # Catherine Ann Crume       |
| V   | #                           |
|     | Todd Munn Smith             |

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

# Indicates New Officer