

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 854120

1. Entity 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



02092005 No Chg-P CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHEPER, CHARLES R
STREET ADDRESS	250 E. FIFTH STREET
CITY - ST - ZIP	CINCINNATI, OH 45202
TITLE	D
NAME	MILIANO, CHRISTOPHER P
STREET ADDRESS	250 EAST FIFTH ST
CITY - ST - ZIP	CINCINNATI, OH 45202
TITLE	VT
NAME	MAGOTEAUX, RICHARD L
STREET ADDRESS	250 EAST FIFTH ST
CITY - ST - ZIP	CINCINNATI, OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000259380
03/11/05-80021-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C Ellis William C Ellis (Asst Treasurer) 03/07/05 (513)357-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #