2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# 854120

Entity Name: GREAT AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

525 VINE STREER
CINCINNATI, OH 45202 US

New Principal Place of Business:

525 VINE STREET
CINCINNATI, OH 45202 US

Current Mailing Address:

P. O. BOX 5420
CINCINNATI, OH 452015420 US

New Mailing Address:

FEI Number: 13-1935920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LINDNER, S. CRAIG
Address: 250 E. FIFTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: DT
Name: MILIANO, CHRISTOPHER P
Address: 250 EAST FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: DVPS
Name: MUETHING, MARK F
Address: 250 EAST FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: D
Name: HESTER, JEFFREY G
Address: 250 EAST FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: D
Name: PRAGER, MICHAEL J
Address: 525 VINE ST
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK F. MUETHING DVPS 02/10/2011

Electronic Signature of Signing Officer or Director Date