## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 854120** 

FILED Apr 03, 2012 Secretary of State

Entity Name: GREAT AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

525 VINE STREET
CINCINNATI, OH 45202 US
301 EAST 4TH STREET
CINCINNATI, OH 45202 US

Current Mailing Address: New Mailing Address:

P. O. BOX 5420 CINCINNATI, OH 452015420 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CEO

Name: LINDNER, S. CRAIG
Address: 301 EAST 4TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: DEVP

 Name:
 MILIANO, CHRISTOPHER P

 Address:
 301 EAST 4TH STREET

 City-St-Zip:
 CINCINNATI, OH 45202

Title: DEVP

Name: MUETHING, MARK F Address: 301 EAST 4TH STREET City-St-Zip: CINCINNATI, OH 45202

Title: [

Name: HESTER, JEFFREY G Address: 301 EAST 4TH STREET City-St-Zip: CINCINNATI, OH 45202

Title: [

Name: PRAGER, MICHAEL J Address: 301 EAST 4TH STREET 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: WILLIAM C ELLIS - ASST. TREASURER AVP 04/03/2012