2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Jul 15, 2005 8:00 an Secretary of State
07-15-2005 90022 036 ***150.00

DOCUMENT # F98000005232 GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY Principal Place of Business Mailing Address 20064215 **580 WALNUT STREET 580 WALNUT STREET** CINCINNATI, OH 45202 CINCINNATI, OH 45202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Cha-P CR2F034 (10/03) City & State City & State 4. FEI Number Applied For 36-4079497 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CHIEF FINANCIAL OFFICER** Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City 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, I am familiar with, and accept the obligations of registered agent. (NOTE. Registured Agunt signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPTD TITLE Delete TITE D/C/P ☐ Chance ■ Addition JENSEN, KEITH A NAME NAME LARSON, DONALD D 580 WALNUT ST STREET ADDRESS STREET ADDRESS 580 WALNUT ST CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP CINCINNATI, OH 45202 TITLE ☐ Delete TIPLE ☐ Change ☐ Addition DOELLMAN, JOHN L HAME NAME 580 WALNUT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY - ST - ZIP OVP ☐ Delete TITLE TITLE D/SVP/AS ▼ Change ☐ Addition ROSEN, EVE C NAME NAME **580 WALNUT STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition D/SVP/S HORRELL, KAREN H NAME NAME **580 WALNUT STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME GRUBER, GARY J NAME **580 WALNUT STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-\$T-ZIP Delete TITLE D/SVP/T TITLE ☐ Change X Addition NAME ELING, ALLEN F NAME WITZGALL, DAVID J 580 WALNUT STREET STREET ADDRESS **580 WALNUT STREEET** STREET ADDRESS CINCINNATI, OH 45202 CITY-ST-ZIP CINCINNATI, OH 45202

12. I hereby certify that the information supplied with this filling 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: WE WILLY	Eve Cutler Rosen	July 5, 2005	513-369-5013
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #