FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

GREAT AMERICAN LIFE ASSURANCE COMPANY

Principal Place	of Business	Mailing Address		
250 E. FIFTH ST. CINCINNATI OH 45202		P.O. BOX 5420 CINCINNATI OH 45201		
				3. Date Ir 11/0
2. Principal Place of Business 21		2a, Mailing Address 26		4. FEI Nu 95-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certific
City & State		City & State		6. Electio Trust F
Zip 24	Country 25	Zip 29	Country 30	B. This co
	 Name and Address of Ci. 	rrent Registered Agent		10 Name

FILED Apr 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE corporated or Qualified 6/1986 mber Applied For 2496321 Not Applicable \$8.75 Additional ate of Status Desired Fee Required n Campaign Financing \$5.00 May Be und Contribution Added to Fees rporation owes or has paid the current year Intangible al Property Tax due June 30. ☐ Yes and Address of New Registered Agent INSURANCE COMMISSIONER 81 Name THE CAPITOL 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE ADAMS, ROBERT A NAME 1.2 NAME 250 E. FIFTH ST. STREET ADDRESS 1.3 STREET ADDRESS **CINCINNATI OH 45202** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MORTENSEN, JAMES M NAME 2.2 NAME 250 E. FIFTH ST. STREET ADDRESS 2.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIF 2. 4 City - St - ZiP DELETE TITLE 3.1 TITLE Change Addition LIGUZINSKI, THOMAS K NAME 3.2 NAME 250 E. FIFTH ST. STREET ADDRESS 3.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE [] Change __ Addition TITLE 4.1 TITLE KASPROWICZ, BETTY M NAME 4. 2 NAME 250 E. FIFTH ST. STREET ADDRESS 4.3 STREET ADDRESS CINCINNATI OH 45202 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE ■ Addition 51 TITLE MUETHING, MARK F NAME 5.2 NAME 250 E. FIFTH ST. STREET ADDRESS 5.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition GREEN, A. RONALD III NAME 6.2 NAME 250 E. FIFTH ST. STREET ADDRESS 6.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

P.O. BOX 5420 CINCINNATI, OH 45201 (513) 333-5300

FLORIDA

GREAT AMERICAN LIFE ASSURANCE COMPANY (#62200) OFFICERS AND DIRECTORS CONTINUED

OFFICERS

V/D	William Jack Maney, II	
V	Michael J. O'Connor	
V	Arthur R. Greene III	
٧	Lynn Edward Laswell	
V/T	Robert E. Allen	
V	Norman G. Howell	
٧	# Vincent James Granieri	

The addresses for all of the above is: 250 East Fifth Street

Cincinnati, Ohio 45202

Indicates New Officer