

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 033 ***150.00

05/2/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P12054

1. Corporation Name
GREAT AMERICAN LIFE ASSURANCE COMPANY

Principal Place of Business
**250 E. FIFTH ST.
 CINCINNATI OH 45202**

Mailing Address
**P.O. BOX 5420
 CINCINNATI OH 45201**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1986

4. FEI Number
95-2496321

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, ROBERT A	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	MORTENSEN, JAMES M	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LIGUZINSKI, THOMAS K	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KASPROWICZ, BETTY M	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MUETHING, MARK F	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, A. RONALD III	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Lynn E. Laswell* **SIGNATURE REQUIRED** Lynn E. Laswell 4/22/99 (513) 3573...
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)