

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90489 002 ***150.00

DOCUMENT # P12054

1. Entity 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

C0035250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2496321

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

Name

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

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | ADAMS, ROBERT A | |
| STREET ADDRESS | 250 E. FIFTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHEPER, CHARLES R | |
| STREET ADDRESS | 250 E. FIFTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LIGUZINSKI, THOMAS K | |
| STREET ADDRESS | 250 E. FIFTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | VT | <input checked="" type="checkbox"/> Delete |
| NAME | WILSON, WENDY L | |
| 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 | GRANIERI, VINCENT J | |
| STREET ADDRESS | 250 E. FIFTH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Caprio, Teresa C. | |
| STREET ADDRESS | 250 E. Fifth St. | |
| CITY-ST-ZIP | Cincinnati, OH 45202 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa Caprio

Teresa C. Caprio

3/9/01 513-357-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc# PI2054
C0035250

FLORIDA

GREAT AMERICAN LIFE ASSURANCE COMPANY (#62200)
OFFICERS AND DIRECTORS CONTINUED
December 31, 2000

OFFICERS

| | |
|---|------------------------|
| D | William Jack Maney, II |
| V | Michael J. O'Connor |
| D | Robert A. Adams |
| V | David Butler Rich |
| D | Stephen C. Lindner |

The addresses for all of the above is: 250 East Fifth Street
Cincinnati, Ohio 45202

Indicates New Officer