


FILED
Jun 22, 2004 8:00 am
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2004 90002 021 ***550.00

DOCUMENT # P12054
 1. Entity Name
GREAT AMERICAN LIFE ASSURANCE COMPANY



Principal Place of Business Mailing Address
 250 E. FIFTH ST. P.O. BOX 5420
 CINCINNATI, OH 45202 CINCINNATI, OH 45201

54058425



06162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2496321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

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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.

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINDNER, STEPHEN C
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	PD
NAME	SCHEPER, CHARLES R
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	V
NAME	SUTTON, RICHARD L
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	T
NAME	MAGOTEAUX, RICHARD L
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VSD
NAME	MUETHING, MARK F
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VD
NAME	MILIANO, CHRISTOPHER P
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C. Ellis* **William C. Ellis** **6/16/2004** **(513) 357-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Assistant Treasurer