


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 030 ***150.00

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



Principal Place of Business: **250 E. FIFTH STREET CINCINNATI, OH 45202**
 Mailing Address: **5508 PARKCREST DRIVE AUSTIN, TX 78731**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03222007 Chg-P CR2E034 (12/06)
 4. FEI Number **95-2496321** Applied For Not Applicable
 5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDNER, STEPHEN C	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEPER, CHARLES R	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, BILLY B JR	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUESCHER, BYRON B	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUETHING, MARK F	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILIANO, CHRISTOPHER P	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5508 Parkcrest Drive	
CITY-ST-ZIP	Austin, TX 78731	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5508 Parkcrest Drive	
CITY-ST-ZIP	Austin, TX 78731	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Byron K Buescher **Byron K Buescher** 3/28/07 512-451-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #