
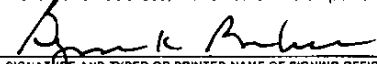


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 010 \*\*\*150.00

DOCUMENT # P12054					
1. Entity Name <b>GREAT AMERICAN LIFE ASSURANCE COMPANY</b>					
Principal Place of Business <b>250 E. FIFTH STREET CINCINNATI, OH 45202</b>			Mailing Address <b>5508 PARKCREST DRIVE AUSTIN, TX 78731</b>		
2. Principal Place of Business - No P.O. Box # <b>11200 Lakeline Blvd.</b>		3. Mailing Address <b>PO Box 26580</b>			
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc.			
City & State <b>Austin, TX</b>		City & State <b>Austin, TX</b>		4. FEI Number <b>95-2496321</b>	
Zip <b>78717</b>		Country <b>US</b>		Zip <b>78755</b>	
Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDNER, STEPHEN C 250 E. FIFTH ST. CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hardison, Brenda W. 11200 Lakeline Blvd., Suite 100 Austin, TX 78717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEPER, CHARLES R 250 E. FIFTH ST. CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prager, Michael J. 250 E. Fifth St. Cincinnati, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, BILLY B JR 5508 PARKCREST DRIVE AUSTIN, TX 78731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Hill, Jr., Billy B. 4117 Canoas Dr. Austin, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUESCHER, BYRON B 5508 PARKCREST DRIVE AUSTIN, TX 78731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Buescher, Byron K. 6505 Yaupon Dr. Austin, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUETHING, MARK F 250 E. FIFTH ST. CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILIANO, CHRISTOPHER P 250 E. FIFTH ST. CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE 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: 			04/23/08 (512) 451-2224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		