


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P12054</b>			
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>	
Zip <b>78717</b>	Country <b>US</b>	Zip <b>78755</b>	Country <b>US</b>
4. FEI Number <b>95-2496321</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINDNER, STEPHEN C</b> <b>250 E. FIFTH ST.</b> <b>CINCINNATI, OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Hardison, Brenda W.</b> <b>11200 Lakeline Blvd., Suite 100</b> <b>Austin, TX 78717</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHEPER, CHARLES R</b> <b>250 E. FIFTH ST.</b> <b>CINCINNATI, OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Prager, Michael J.</b> <b>250 E. Fifth St.</b> <b>Cincinnati, OH 45202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HILL, BILLY B JR</b> <b>5508 PARKCREST DRIVE</b> <b>AUSTIN, TX 78731</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>Hill, Jr., Billy B.</b> <b>4117 Canoas Dr.</b> <b>Austin, TX 78730</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BUESCHER, BYRON B</b> <b>5508 PARKCREST DRIVE</b> <b>AUSTIN, TX 78731</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Buescher, Byron K.</b> <b>6505 Yaupon Dr.</b> <b>Austin, TX 78759</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUETHING, MARK F</b> <b>250 E. FIFTH ST.</b> <b>CINCINNATI, OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILIANO, CHRISTOPHER P</b> <b>250 E. FIFTH ST.</b> <b>CINCINNATI, OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date <b>04/23/08</b>	Daytime Phone # <b>(512) 451-2224</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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