

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12054

FILED
Mar 23, 2010
Secretary of State

Entity Name: GREAT AMERICAN LIFE ASSURANCE COMPANY

Current Principal Place of Business:

11200 LAKELINE RD
SUITE 100
AUSTIN, TX 78717

New Principal Place of Business:

Current Mailing Address:

11200 LAKELINE RD
SUITE 100
AUSTIN, TX 78717

New Mailing Address:

FEI Number: 95-2496321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: LINDNER, STEPHEN C
Address: 250 E. FIFTH ST.
City-St-Zip: CINCINNATI, OH 45202

Title: D
Name: SCHEPER, CHARLES R
Address: 250 E. FIFTH ST.
City-St-Zip: CINCINNATI, OH 45202

Title: P
Name: HILL JR, BILLY B
Address: 4117 CANOAS DR
City-St-Zip: AUSTIN, TX 78730

Title: T
Name: BUESCHER, BYRON K
Address: 6505 YAUPON DR
City-St-Zip: AUSTIN, TX 78759

Title: D
Name: MUETHING, MARK F
Address: 250 E. FIFTH ST.
City-St-Zip: CINCINNATI, OH 45202

Title: D
Name: MILIANO, CHRISTOPHER P
Address: 250 E. FIFTH ST.
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BYRON K. BUESCHER

T

03/23/2010

Electronic Signature of Signing Officer or Director

_____ Date