

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807484

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**2599265311CC**

**Entity Name:** GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

301 E. 4TH ST  
CINCINNATI, OH 45202

**Current Mailing Address:**

301 E. 4TH ST  
CINCINNATI, OH 45202 US

**FEI Number: 13-5539046**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title AVP/AS  
Name BERAHA, STEPHEN C  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title D  
Name GILLIS, MICHELLE A.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title D/PRESIDENT, CHAIRMAN  
Name THOMPSON, JR., DAVID L.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title SVP  
Name LATTO, AARON B.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title D/EVP  
Name SULLIVAN, MICHAEL E. JR.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title SVP/GC  
Name ERHART, SUE A.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title SR VP, TREASURER, CFO  
Name GARDNER, ANNETTE D.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title VP  
Name THOLEN, JOHN W.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

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*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: MATTHEW D. FELVUS**

**SECRETARY, BY TOBIAS 04/26/2024**  
**SHOEMAKER,**  
**ATTORNEY-IN-FACT**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AT  
Name ZBACNIK, ROBERT J.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title SECRETARY  
Name FELVUS, MATTHEW D  
Address 301 E. 4TH ST  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR, EVP  
Name MERCURIO, ANTHONY J.  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title DIRECTOR  
Name HERTZMAN, BRIAN S.  
Address 301 E. 4TH ST  
15TH FLOOR  
City-State-Zip: CINCINNATI OH 45202

Title VP/ACTUARY  
Name HAYS, LISA A.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title SVP  
Name SIPE, CAROL P.  
Address 117 N. MASSACHUSETTS AVENUE  
City-State-Zip: LAKELAND FL 33801

Title SVP, DIRECTOR  
Name MUETHING, JAMES L.  
Address 301 E. 4TH ST  
15TH FLOOR  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name GREGORIO, REINA L.  
Address 301 E. 4TH ST  
15TH FLOOR  
City-State-Zip: CINCINNATI OH 45202