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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12054 (3)
 1. Corporation Name
GREAT AMERICAN LIFE ASSURANCE COMPANY



Principal Place of Business 250 E. FIFTH ST. CINCINNATI OH 45202	Mailing Address P.O. BOX 5420 CINCINNATI OH 45201-5420
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/06/1986	3a. Date of Last Report 01/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-2496321	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT A	1.2 NAME	
STREET ADDRESS	250 E. FIFTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	1.4 CITY-ST-ZIP	
TITLE	EVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSEN, JAMES M	2.2 NAME	
STREET ADDRESS	250 E. FIFTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGUZINSKI, THOMAS K	3.2 NAME	
STREET ADDRESS	250 E. FIFTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPROWICZ, BETTY M	4.2 NAME	
STREET ADDRESS	250 E. FIFTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	VSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUETHING, MARK F	5.2 NAME	
STREET ADDRESS	250 E. FIFTH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, A. RONALD III	6.2 NAME	
STREET ADDRESS	250 E. FIFTH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert E. Allen* **Robert E. Allen - V.P./TREASURER** (513) 333-5384

CR2E034 (9/96)

FLORIDA

**GREAT AMERICAN LIFE ASSURANCE COMPANY (#62200)
OFFICERS AND DIRECTORS CONTINUED**

OFFICERS

VPD	William Jack Maney, II
Sr. VP	Michael J. O'Connor*
VP	Arthur R. Greene III
Asst. VP	Lynn Edward Laswell*
VPT	Robert E. Allen
VP	Norman G. Howell

The addresses for all of the above is: 250 East Fifth Street
Cincinnati, Ohio 45202

*Indicates New Officer