


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 030 ***150.00

DOCUMENT # P12054

1. Entity Name
GREAT AMERICAN LIFE ASSURANCE COMPANY




Principal Place of Business
**250 E. FIFTH STREET
 CINCINNATI, OH 45202**

Mailing Address
**5508 PARKCREST DRIVE
 AUSTIN, TX 78731**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03222007 Chg-P CR2E034 (12/06)

4. FEI Number
95-2496321 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDNER, STEPHEN C			NAME			
STREET ADDRESS	250 E. FIFTH ST.			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEPER, CHARLES R			NAME			
STREET ADDRESS	250 E. FIFTH ST.			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, BILLY B JR			NAME			
STREET ADDRESS	250 E. FIFTH ST.			STREET ADDRESS	5508 Parkcrest Drive		
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP	Austin, TX 78731		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUESCHER, BYRON B			NAME			
STREET ADDRESS	250 E. FIFTH ST.			STREET ADDRESS	5508 Parkcrest Drive		
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP	Austin, TX 78731		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUETHING, MARK F			NAME			
STREET ADDRESS	250 E. FIFTH ST.			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILIANO, CHRISTOPHER P			NAME			
STREET ADDRESS	250 E. FIFTH ST.			STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI, OH 45202			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: Byron K Buescher **Byron K Buescher** 3/28/07 512-451-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #