2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90393 010 ***150.00

DOCUMENT # P12054

1. Entity Name
GREAT AMERICAN LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
250 E. FIFTH STREET CINCINNATI, OH 45202	5508 PARKCREST DRIVE AUSTIN, TX 78731

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11200 Lakeline Blvd.	PO Box 26580
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.:
City & State: Austin, TX	City & State: Austin, TX
Zip: 78717 Country: US	Zip: 78755 Country: US

04232008 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	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 **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, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDNER, STEPHEN C 250 E. FIFTH ST. CINCINNATI, OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Hardison, Brenda W. 11200 Lakeline Blvd., Suite 100 Austin, TX 78717	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEPER, CHARLES R 250 E. FIFTH ST. CINCINNATI, OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Prager, Michael J. 250 E. Fifth St. Cincinnati, OH 45202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, BILLY B JR 5508 PARKCREST DRIVE AUSTIN, TX 78731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hill, Jr., Billy B. 4117 Canoas Dr. Austin, TX 78730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUESCHER, BYRON B 5508 PARKCREST DRIVE AUSTIN, TX 78731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Buescher, Byron K. 6505 Yaupon Dr. Austin, TX 78759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUETHING, MARK F 250 E. FIFTH ST. CINCINNATI, OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILIANO, CHRISTOPHER P 250 E. FIFTH ST. CINCINNATI, OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 04/23/08 (512) 451-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #