


**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

06-22-2004 90002 021 \*\*\*550.00

**DOCUMENT # P12054**  
 1. Entity Name  
**GREAT AMERICAN LIFE ASSURANCE COMPANY**



Principal Place of Business      Mailing Address  
 250 E. FIFTH ST.                      P.O. BOX 5420  
 CINCINNATI, OH 45202                CINCINNATI, OH 45201

**54058425**



06162004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-2496321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINDNER, STEPHEN C
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	PD
NAME	SCHEPER, CHARLES R
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	V
NAME	SUTTON, RICHARD L
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	T
NAME	MAGOTEAUX, RICHARD L
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VSD
NAME	MUETHING, MARK F
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VD
NAME	MILIANO, CHRISTOPHER P
STREET ADDRESS	250 E. FIFTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202

**DO NOT WRITE IN THIS SPACE**

12. I 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 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:** *William C. Ellis* **William C. Ellis**      **6/16/2004**    **(513) 357-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Assistant Treasurer**