

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26031

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC1518217928**

**Entity Name:** GREAT AMERICAN SECURITY INSURANCE COMPANY

**Current Principal Place of Business:**

301 E. FOURTH STREET  
CINCINNATI, OH 45202-4201

**Current Mailing Address:**

301 E. FOURTH STREET  
CINCINNATI, OH 45202-4201 US

**FEI Number: 31-1209419**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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           DIRECTOR, CHAIRMAN, PRESIDENT  
Name           LARSON, DONALD D  
Address        301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title           DIRECTOR, SVP, SECRETARY  
Name           ROSEN, EVE CUTLER  
Address        301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

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

Title           DIRECTOR, SVP, TREASURER  
Name           WITZGALL, DAVID J  
Address        301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

*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: EVE CUTLER ROSEN**

**SVP, GEN COUNSEL &  
SECY**

**04/17/2013**

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

\_\_\_\_\_  
Date