

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26031

**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  
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, GENERAL COUNSEL,  
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, CFO, TREASURER  
Name WITZGALL, DAVID J  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR, EVP  
Name BRICHLER, RONALD J.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title DIRECTOR, EVP  
Name GRUBER, GARY J.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title DIRECTOR, SVP  
Name LATTO, AARON B.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

Title DIRECTOR  
Name PIERCE, MICHAEL D.  
Address 301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201

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*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: CHERYL STACY ON BEHALF OF EVE CUTLER  
ROSEN**

**AUTHORIZED  
REPRESENTATIVE**

**04/22/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SINGH, PIYUSH K.  
Address        49 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title            DIRECTOR  
Name            SULLIVAN, MICHAEL E. JR.  
Address        301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202-4201