

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

Great American Alliance Insurance Company

SCC ID NO: **F0396533**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	900

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 E. FOURTH STREET

CITY/ST/ZIP: CINCINNATI, OH 45202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DONALD DUMFORD LARSON
TITLE: CHAIRMAN/P
ADDRESS: 301 E. FOURTH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: KAREN HOLLEY HORRELL
TITLE: SR.VP/S/EXEC CO
ADDRESS: 301 E. FOURTH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: EVE CUTLER ROSEN
TITLE: SVP/GC/AS
ADDRESS: 301 E. FOURTH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: RONALD JAMES BRICHLER
TITLE: DIRECTOR
ADDRESS: 301 E. FOURTH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: GARY JOHN GRUBER
TITLE: DIRECTOR
ADDRESS: 301 E. FOURTH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: DAVID JOHN WITZGALL TITLE: SVP/CFO/T ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT EUGENE MALY TITLE: DIRECTOR ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VITO CHARLES PERAINO TITLE: DIRECTOR ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL DAVID PIERCE TITLE: DIRECTOR ADDRESS: 1515 WOODFIELD ROAD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PIYUSH KUMAR SINGH TITLE: DIRECTOR ADDRESS: 49 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL EUGENE SULLIVAN TITLE: DIRECTOR ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ EVE CUTLER ROSEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EVE CUTLER ROSEN, SVP/GC/AS _____ PRINTED NAME AND CORPORATE TITLE
11/29/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	