

1.) CORPORATION NAME:

DUE DATE: **11/30/2014**

**Great American Alliance Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0396533**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

<p>NAME: DONALD DUMFORD LARSON TITLE: CHAIRMAN/P ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RONALD JAMES BRICHLER TITLE: EXEC VP ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY JOHN GRUBER TITLE: EXEC VP ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EVE CUTLER ROSEN TITLE: SVP/GC/S ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID JOHN WITZGALL TITLE: SVP/CFO/T ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: AARON BEASY LATTO TITLE: SVP ADDRESS: 301 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" 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	EVE CUTLER ROSEN, SVP/GC/S	11/6/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		