



LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021

OF THE CONDITION AND AFFAIRS OF THE

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code 0435 0084 NAIC Company Code 63312 Employer's ID Number 13-1935920  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies [ ]

Incorporated/Organized 12/29/1961 Commenced Business 08/13/1963

Statutory Home Office 301 East Fourth Street Cincinnati, OH, US 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 301 East Fourth Street  
(Street and Number)  
Cincinnati, OH, US 45202 513-357-3300  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 5420 Cincinnati, OH, US 45201  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 301 East Fourth Street  
(Street and Number)  
Cincinnati, OH, US 45202 513-357-3300  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.massmutual.com

Statutory Statement Contact Robert Mayhew Earle II 513-412-1735  
(Name) (Area Code) (Telephone Number)  
rearle@gaig.com 513-412-1673  
(E-mail Address) (FAX Number)

OFFICERS

President Mark Francis Muething Treasurer Christopher Patrick Miliano  
Secretary John Paul Gruber Appointed Actuary Richard Lee Sutton

OTHER

Adrienne Susan Baglier Michael Robert Fanning # Michael Harrison Haney  
Brian Patrick Sponaugle

DIRECTORS OR TRUSTEES

Dominic Lusean Blue # Elizabeth Ward Chicares # Susan Marie Cicco #  
Geoffrey James Craddock # Roger William Crandall # Michael Robert Fanning #  
Paul Anthony Lapiana # Mark Francis Muething Michael James O'Connor #  
Eric William Partlan # Gareth Fielding Ross # Arthur William Wallace III #

State of Ohio SS:  
County of Hamilton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mark Francis Muething  
President



SHERRIL BARNES  
Notary Public John Paul Gruber  
State of Ohio Secretary  
My Comm. Expires  
August 9, 2025

Christopher Patrick Miliano  
Treasurer

Subscribed and sworn to before me this 2nd day of November 2021  
Sherril L. Barnes

a. Is this an original filing? Yes [X] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed.....  
3. Number of pages attached.....

# OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT