2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# 808565

Entity Name: THE GREAT-WEST LIFE ASSURANCE COMPANY

Current Principal Place of Business:

8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

Current Mailing Address:

8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 98-0000673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BURNS, JAMES W	
Address:	100 OSBORNE ST NORTH	
City-St-Zip:	WINNIPEG, MA	
Title:	D	( ) Delete
Name:	DACKOW, OREST	
Address:	100 OSBORNE ST NORTH	
City-St-Zip:	WINNIPEG, MA	
Title:	D	( ) Delete
Name:	DESMARAIS, ANDRE	
Address:	100 OSBORNE ST NORTH	
City-St-Zip:	WINNIPEG, MA	
Title:	PCEO	( ) Delete
Name:	MCFEETORS, RAYMOND	
Address:	100 OSBORNE ST NORTH	
City-St-Zip:	WINNIPEG, MA	
Title:	D	( ) Delete
Name:	MCCALLUM, W. T.	
Address:	8515 E ORCHARD ROAD	
City-St-Zip:	ENGLEWOOD, CO	
Title:	SRVP	( ) Delete
Name:	LENNOX, DUNCAN C	
Address:	8515 E. ORCHARD ROAD	
City-St-Zip:	GREENWOOD VILLAGE, CO 80111	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG LENNOX SRVP 07/07/2004

Electronic Signature of Signing Officer or Director — Date