

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90096 003 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 808565

1. Corporation Name
THE GREAT-WEST LIFE ASSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 8515 E. ORCHARD ROAD ENGLEWOOD CO 80111 | Mailing Address 8515 E. ORCHARD ROAD ENGLEWOOD CO 80111 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/14/1951 | |
| 4. FEI Number 98-0000673 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reminting)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | BURNS, J. W. | |
| STREET ADDRESS | 751 VICTORIA SQUARE | |
| CITY-ST-ZIP | MONTREAL QU | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DACKOW, O.T. | |
| STREET ADDRESS | 8515 E ORCHARD ROAD | |
| CITY-ST-ZIP | ENGLEWOOD CO | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RILEY, H S | |
| STREET ADDRESS | 447 PORTAGE AVE | |
| CITY-ST-ZIP | WINNIPEG MA 80209 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCFEETORS, R.S.L. | |
| STREET ADDRESS | 100 OSBORNE ST NORTH | |
| CITY-ST-ZIP | WINNIPEG MA | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCCALLUM, W. T. | |
| STREET ADDRESS | 8515 E ORCHARD ROAD | |
| CITY-ST-ZIP | ENGLEWOOD CO | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MORRISON, D.E. | |
| STREET ADDRESS | 100 OSBORNE ST NORTH | |
| CITY-ST-ZIP | WINNIPEG MA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | Englewood, CO |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. C. Lennox **SIGNATURE REQUIRED** D.C. Lennox April 29/99 (303) 689-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)