

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835833 (5)
1. Corporation Name
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY



Principal Place of Business 8515 EAST ORCHARD ROAD ENGLEWOOD COLORADO 80111	Mailing Address 8515 EAST ORCHARD ROAD ENGLEWOOD COLORADO 80111-5087
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1976	3a. Date of Last Report 03/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 84-0467907		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

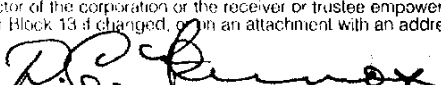
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		FL	85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCCALLUM, WILLIAM THOMAS 6001 S YOSEMITE E102 ENGLEWOOD CA	1.1 TITLE	☒ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	8515 E. ORCHARD ROAD
CITY- ST- ZIP		1.4 CITY- ST- ZIP	ENGLEWOOD CO 80111
TITLE	VT WOODEN, DOUGLAS LOREN 5 HUNTWICK LANE ENGLEWOOD CO 80110	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	VT DERBACK, GLEN RAY
STREET ADDRESS		2.3 STREET ADDRESS	8515 E. ORCHARD ROAD
CITY- ST- ZIP		2.4 CITY- ST- ZIP	ENGLEWOOD CO 80111
TITLE	S LENNOX, D CRAIG 6051 S. MOLINE WAY ENGLEWOOD CO 80111	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	8515 E. ORCHARD ROAD
CITY- ST- ZIP		3.4 CITY- ST- ZIP	ENGLEWOOD CO 80111
TITLE	AV MCCALLEN, JAMES LOCKHART 7283 SOUTH NIAGARA CIRCLE ENGLEWOOD CO 80112	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	8515 E. ORCHARD ROAD
CITY- ST- ZIP		4.4 CITY- ST- ZIP	ENGLEWOOD CO 80111
TITLE	D BERNE, HART N 2552 E ALAMEDA AVE 99 DENVER CO	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	D TURNER, JAMES ROSS 3820 RALSTON AVENUE HILLSBOROUGH CA 94010	6.1 TITLE	☒ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	950 TOWER LANE, SUITE 1170
CITY- ST- ZIP		6.4 CITY- ST- ZIP	FOSTER CITY CA 94404

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:  D.C. Lennox 3/27/97 303/689-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)