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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **835833** **(5)**

1. Corporation Name
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
8515 EAST ORCHARD ROAD ENGLEWOOD COLORADO 80111	8515 EAST ORCHARD ROAD ENGLEWOOD COLORADO 80111-5097

3. Date Incorporated or Qualified: 02/25/1976
3a. Date of Last Report: 03/06/1996

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:

4. FEI Number: 84-0467907 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCCALLUM, WILLIAM THOMAS		1.2 NAME		
STREET ADDRESS	6001 S YOSEMITE E102		1.3 STREET ADDRESS	8515 E. ORCHARD ROAD	
CITY-ST-ZIP	ENGLEWOOD CA		1.4 CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VT	☒ DELETE	2.1 TITLE	VT	☐ Change ☒ Addition
NAME	WOODEN, DOUGLAS LOREN		2.2 NAME	DERBACK, GLEN RAY	
STREET ADDRESS	5 HUNTWICK LANE		2.3 STREET ADDRESS	8515 E. ORCHARD ROAD	
CITY-ST-ZIP	ENGLEWOOD CO 80110		2.4 CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LENNOX, D CRAIG		3.2 NAME		
STREET ADDRESS	6051 S. MOLINE WAY		3.3 STREET ADDRESS	8515 E. ORCHARD ROAD	
CITY-ST-ZIP	ENGLEWOOD CO 80111		3.4 CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	AV	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MCCALLEN, JAMES LOCKHART		4.2 NAME		
STREET ADDRESS	7283 SOUTH NIAGARA CIRCLE		4.3 STREET ADDRESS	8515 E. ORCHARD ROAD	
CITY-ST-ZIP	ENGLEWOOD CO 80112		4.4 CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERNE, HART N		5.2 NAME		
STREET ADDRESS	2552 E ALAMEDA AVE 99		5.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	TURNER, JAMES ROSS		6.2 NAME		
STREET ADDRESS	3820 RALSTON AVENUE		6.3 STREET ADDRESS	950 TOWER LANE, SUITE 1170	
CITY-ST-ZIP	HILLSBOROUGH CA 94010		6.4 CITY-ST-ZIP	FOSTER CITY CA 94404	

CR2E034 (9/96)

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 on 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 #

0496525