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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT	#	RZF	:833
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



26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Since Address of Current Registered Agent  INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  To 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 reagent. I am familiar with, and accept the obligations of, Section 607.6905, Florida Statutes.  SIGNATURE  SIGN	pplied For ot Applicable Additional equired May Be to Fees
2. Principal Place of Business 2. Mailing Address 4. FEI Number 84-0467907 No. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Soute,	ot Applicable Additional equired May Be to Fees
21	ot Applicable Additional equired May Be to Fees
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soute, Apt. #, etc.	Additional equired May Be to Fees
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soute, Apt. #, etc.	equired May Be to Fees
City & State  Country  Zip  Country  Zip  Country  Zip  Country  8. This corporation owes the current year intangible Personal Property Tax.   Yes  9. Name and Address of Current Registered Agent  INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  Registered Agent  10. Name and Address of New Registered Agent  82. Street Address (P.O. Box Number is Not Acceptable)  FL  83. Street Address (P.O. Box Number is Not Acceptable)  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 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or proteed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD    DELETE   1.1 TITLE   Change	May Be to Fees
Trust Fund Contribution Added  Zip Country Zip Country B. Trust Fund Contribution Added  Zip Country B. Trust Fund Contribution Added  Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes  9. Name and Address of Current Registered Agent  INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  81 Name  Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  The Capitol Building Tallahassee FL 32399-0300  83 City  The 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 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE  PD	to Fees
Zip   Country   Zip   Country   St. Trust Fund Contribution   Added	
24 25 29 30 Personal Property Tax.	No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)  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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD MAME MCCALLUM, WILLIAM THOMAS 1.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS BY STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CA 1.4 CITY-ST-ZIP  10. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable)  82. Street Address (P.O. Box Number is Not Acceptable)  83. Zip  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE Change Change CHY-ST-ZIP  11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its address (P.O. Box Number is Not Acceptable)  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE Change CHYP-ST-ZIP  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. CITY-ST-ZIP	
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  82 Street Address (P.O. Box Number is Not Acceptable)  83   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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE NAME MCCALLUM, WILLIAM THOMAS 1.2 NAME STREET ADDRESS 8515 E ORCHARD RD ENGLEWOOD CA 1.4 CITY-ST-ZIP ENGLEWOOD CA	
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  84 City  FL 85 Zip  85 Zip  86 City  FL 85 Zip  87 Zip  88 City  FL 85 Zip  88 City  FL 85 Zip  88 City  FL 85 Zip  88 Zip  89 A City  FL 85 Zip  89 A City  FL 85 Zip  80 A City  FL 85 Zip  80 A City  FL 85 Zip  80 A City  FL 85 Zip  81 A City  FL 85 Zip  82 Street Address (P.O. Box Number is Not Acceptable)  83 A City  FL 85 Zip  84 City  FL 85 Zip  85 Zip  86 Zip  87 A City  FL 85 Zip  88 Zip	
THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip  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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  MCCALLUM, WILLIAM THOMAS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ENGLEWOOD CA  STREET ADDRESS  LA CITY-ST-ZIP	
TALLAHASSEE FL 32399-0300  84  City  FL  85  Zip-  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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  MCCALLUM, WILLIAM THOMAS  STREET ADDRESS  STREET ADDRESS  STISSET ADDRESS  CITY-ST-ZIP  ENGLEWOOD CA  14. CITY-ST-ZIP  RAME  14. CITY-ST-ZIP	
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	s registered agistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	
TITLE PD DELETE 1.1 TITLE Change  NAME MCCALLUM, WILLIAM THOMAS 1.2 NAME  STREET ADDRESS 8515 E ORCHARD RD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ENGLEWOOD CA 1.4 CITY-ST-ZIP	ODE IN 12
NAME MCCALLUM, WILLIAM THOMAS 1.2 NAME STREET ADDRESS 8515 E ORCHARD RD 1.3 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CA 1.4 CITY-ST-ZIP	Addition
STREET ADDRESS 8515 E ORCHARD RD 1.3 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CA 1.4 CITY-ST-ZIP	
CITY-ST-ZIP ENGLEWOOD CA 1.4 CITY-ST-ZIP	
CITY-ST-ZIP ENGLEWOOD CA 1.4 CITY-ST-ZIP	
TITLE VT DELETE 2.1 TITLE Change	Addition
NAME DERBACK, GLEN RAY 22 NAME	
STREET ADDRESS 8515 E ORCHARD RD 2.3 STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD CO 2.4 CITY-ST-ZIP	
TITLE \$ DELETE 3.1 TITLE Change	☐ Additio
NAME LENNOX, D CRAIG 32 NAME	
STREET ADDRESS 8515 E ORCHARD RD 3.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD CO 3.4. CITY-ST-ZIP	. ,
TITLE AV DELETE 4.1 TITLE Change	☐ Additio
NAME MCCALLEN, JAMES LOCKHART 4.2 NAME	
STREET ADDRESS 8515 E ORCHARD RD 4.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD CO 4.4 CITY-ST-ZIP	
TITLE D DELETE 5.1 TITLE Change	☐ Additio
NAME HART, BERNE NORMAN 52 NAME	
STREET ADDRESS 2552 E ALAMEDA AVE 99 5.3 STREET ADDRESS	
CITY-ST-ZIP DENVER CO 54 CITY-ST-ZIP	
TITLE D DELETE 6.1 TITLE Change	☐ Additio
NAME DESMARAIS, ANDRE ROGER 62 NAME	
0.0 0770571 1000500	
STREET ADDRESS 751 VICTORIA SQUARE  6.3 STREET ADDRESS 64 CITY-ST-7/P	

14. I 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 attackment with an address, with all other like empowered.

SIGNATURE:

\_\_:D.C. Lennox APRIL 29/99

## Great-West Life & Annuity Insurance Company Florida Corporation Annual Report 1999

Title Code: D James Baloq

Street Address: 2205 N. Southwinds Boulevard, Apt. 307

Vero Beach, Florida 39263

Title Code: D

James William Burns, O.C.

Street Address: 751 Victoria Square

Montreal, Quebec, Canada H2Y 2J3

Title Code: D Orest Taras Dackow

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: D
Paul Desmarais, Jr.

Street Address: 751 Victoria Square

Montreal, Quebec, Canada H2Y 2J3

Title Code: D Robert Grant Graham

Street Address: 574 Spoonbill Drive

Sarasota, FL 34236

Title Code: C Robert Gratton

Street Address: 751 Victoria Square

Montreal, Quebec, Canada H2Y 2J3

Title Code: D

Kevin Patrick Kavanagh

Street Address: #10-301 Country Club Boulevard

Winnipeg, Manitoba, Canada R3K 2E4

Title Code: D William Mackness

Street Address: 2066 Pipers Court

Burlington, Ontario, Canada L7M 3W1

Title Code: D

Jerry Edgar Alan Nickerson

Street Address: 275 Commercial Street

North Sydney, Nova Scotia, Canada B2A 3M2

Title Code: D

Peter Michael Pitfield

Street Address: 751 Victoria Square

Montreal, Quebec, Canada H2Y 2J3

Title Code: D

Michel Plessis-Bélair

Street Address: 751 Victoria Square

Montreal, Quebec, Canada H2Y 2J3

Title Code: D Brian Edward Walsh

Street Address: 115 East Putnam Avenue

Greenwich, Connecticut 06830

Title Code: V

Mitchell Thomas Grenfell Graye

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V James Douglas Motz

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V John Allen Brown

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V Donna Anne Goldin

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V John Thomas Hughes

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V

Steven Haydon Miller

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V Charles P. Nelson

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V Martin Rosenbaum

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V Gregory E. Seller

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

## 545532-4W44-50 Dac# 835833

Title Code: V Robert K. Shaw

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111

Title Code: V

Douglas Loren Wooden

Street Address: 8515 E. Orchard Road

Englewood, Colorado 80111