2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#835833

FILED Jul 07, 2004 Secretary of State

Entity Name: GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Surrent F	Principal Place	of Business:		New Princ	ipal Place of Business:	
	T ORCHARD F OOD VILLAGE		US			
Current N	/lailing Addres	s:		New Maili	ng Address:	
3515 EAS	T ORCHARD F	ROAD				
	OOD VILLAGE		US			
El Number	r: 84-0467907	FEI Number A	pplied For()	FEI Number Not Appli	icable () Certificate of Status Desired	()
lame and	d Address of C	urrent Regist	ered Agent:	Name and	Address of New Registered Agent:	
P O BOX (200 E. GA FALLAHA	SSEE, FL 323	200) 990000 US				
	e named entity : e of Florida.	submits this sta	atement for the p	urpose of changing it	ts registered office or registered agent, o	r both,
SIGNATU						
	Electror	ic Signature of	f Registered Age	ent	Date	
lection Ca	mpaign Financin	g Trust Fund Cor	ntribution ().			
FFICER	S AND DIREC	TORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRI	ECTOR
Title: Name: Nddress: Dity-St-Zip:			3	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Nddress: Dity-St-Zip:	VT () DERBACK, GLI 8515 E ORCHA ENGLEWOOD,	RD RD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
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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: RICHARD SCHULTZ VP 07/07/2004

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