2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: GREAT-WEST FINANCIAL RETIREMENT PLAN SERVICES LLC

Current Principal Place of Business:

8515 E ORCHARD RD
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

8515 E ORCHARD RD
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 84-1233483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	MUSTO, DAVID L.
Address	8515 E ORCHARD RD
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	MANAGER
Name	NELSON, CHARLES P.
Address	8515 E ORCHARD RD
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	MANAGER
Name	REYNOLDS, ROBERT L.
Address	8515 E ORCHARD RD
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	MEMBER
Name	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
Address	8515 E ORCHARD RD
City-State-Zip:	GREENWOOD VILLAGE CO 80111

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY MEMBER 04/02/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date