

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213534077
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1.) CORPORATION NAME: THE GREAT-WEST LIFE ASSURANCE COMPANY	DUE DATE: 8/31/2013						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F0072118						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">CLASS</th> <th>AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">50,000,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: center;">20,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000,000	PREFER	20,000,000
CLASS	AUTHORIZED						
COMMON	50,000,000						
PREFER	20,000,000						
4.) STATE OR COUNTRY OF INCORPORATION: FN							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8515 E ORCHARD RD

CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MITCHELL T G GRAYE TITLE: P/CEO ADDRESS: 8515 E ORCHARD RD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RICHARD G SCHULTZ TITLE: SR VP/GC/S ADDRESS: 8515 E ORCHARD ROAD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND S.L. MCFEETORS TITLE: CHMN OF BD ADDRESS: 8515 EAST ORCHARD RD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES H. VAN HARMELEN TITLE: SVP/CORP. CONTR ADDRESS: 8515 EAST ORCHARD ROAD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Beverly A Byrne TITLE: CCO ADDRESS: 8515 E Orchard Rd CITY/ST/ZIP/CO: Greenwood Village , CO 80111		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Beverly A Byrne	Beverly A Byrne,	7/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.