

1.) CORPORATION NAME: <b>GREAT-WEST LIFE &amp; ANNUITY INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>CO</b>	DUE DATE: <b>6/30/2012</b> SCC ID NO: <b>F0320251</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">CLASS</th> <th style="width:70%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>50,000,000</td> </tr> <tr> <td>PREFER</td> <td>50,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	50,000,000	PREFER	50,000,000
CLASS	AUTHORIZED						
COMMON	50,000,000						
PREFER	50,000,000						

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8515 E ORCHARD RD CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111
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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.

NAME: MITCHELL T G GRAYE TITLE: PRES/CEO ADDRESS: 8515 E ORCHARD RD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: R G SCHULTZ TITLE: SVP/GEN CON/SEC ADDRESS: 8525 E ORCHARD ROAD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: J. BALOG TITLE: DIRECTOR ADDRESS: 2205 NORTH SOUTHWINDS BLVD CITY/ST/ZIP/CO: APT 307 VERO BEACH, FL 32963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: James Van Harmelen TITLE: VICE PRESIDENT ADDRESS: 8515 East Orchard Road CITY/ST/ZIP/CO: Greenwood Village, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: S. Mark Corbett TITLE: VICE PRESIDENT ADDRESS: 8515 East Orchard Road CITY/ST/ZIP/CO: Greenwood Village, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ R G SCHULTZ	R G SCHULTZ, SVP/GEN CON/SEC	5/3/2012
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.