

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of co. use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
 Great-West Life & Annuity Insurance Company Political Action Committee

ADDRESS (Number and street) 8525 E. Orchard Road
 (Check if address is changed) 2T3
 Greenwood Village CO 80111
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 louise.lella@gwl.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 303-737-3827

2. DATE 12 / 21 / 2005

3. FEC IDENTIFICATION NUMBER C C00263723

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mark J. Pavlik, Treasurer

Signature of Treasurer Electronically Filed by Mark J. Pavlik, Treasurer Date 12 / 21 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
 Federal Election Commission
 Toll Free 800-424-9530
 Local 202-894-1100

FEC FORM 1
 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

Great-West Life & Annuity Insurance Company Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Louise A Lella, Asst. Treasurer

Mailing Address 8525 E. Orchard Road
2T3
Greenwood Village CO 80111 -

Title or Position ▼ Legal Assistant II CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 303 - 737 - 0305

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Full Name of Designated Agent Louise A Lella, Asst. Treasurer

Mailing Address 8525 E. Orchard Road
2T3
Greenwood Village CO 80111 -

Title or Position ▼ Legal Assistant II CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 303 - 737 - 0305

