

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office 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
2T3
Greenwood Village CO 80111
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
brian.mcclure@gwl.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
303-737-3827

2. DATE 08 / 31 / 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 08 / 31 / 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

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
-----------------------------	----------------	-------	--------	-----------	----------------

- (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 Brian McClure, 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 - 2953

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 Brian McClure, 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 - 2953

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

P.O. Box 1000

St. Paul

MN

55101 -

CITY Δ

STATE Δ

ZIP CODE Δ