

SERFF Tracking Number: GRWE-126493639 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 44794
Company Tracking Number: J444 FRONT COVER REPLACEMENT
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: J444 Front Cover Replacement
Project Name/Number: J444 Front Cover Replacement/J444 Front Cover Replacement

Filing at a Glance

Company: Great-West Life & Annuity Insurance Company

Product Name: J444 Front Cover Replacement SERFF Tr Num: GRWE-126493639 State: Arkansas

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 44794
Closed

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: J444 FRONT COVER State Status: Approved-Closed
REPLACEMENT

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tanya Gonzales, Derek Smith
Disposition Date: 02/16/2010

Date Submitted: 02/09/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: J444 Front Cover Replacement

Status of Filing in Domicile: Not Filed

Project Number: J444 Front Cover Replacement

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/16/2010

Explanation for Other Group Market Type:

State Status Changed: 02/16/2010

Deemer Date:

Created By: Derek Smith

Submitted By: Derek Smith

Corresponding Filing Tracking Number:

Filing Description:

Revised front cover reflecting updated free-look period for both new business and replacement situations.

Company and Contact

Filing Contact Information

Tanya Gonzales, Associate Manager,

tanya.gonzales@gwl.com

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Contracts

8515 E. Orchard Rd. 8T2 800-537-2033 [Phone] 75829 [Ext]
Greenwood Village, CO 80111 303-737-5444 [FAX]

Filing Company Information

Great-West Life & Annuity Insurance Company CoCode: 68322 State of Domicile: Colorado
8515 East Orchard Road Group Code: 769 Company Type:
Greenwood Village, CO 80111 Group Name: State ID Number:
(303) 737-3992 ext. [Phone] FEIN Number: 84-0467907

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 front cover x \$50.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great-West Life & Annuity Insurance Company	\$50.00	02/09/2010	34085316

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/16/2010	02/16/2010

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Disposition

Disposition Date: 02/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Flexible Premium Variable Group Annuity		Yes

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Form Schedule

Lead Form Number: J444SA-r1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J444SA-r1	Policy/Contract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: J444-SA Previous Filing #:		J444SA-r1 fc.pdf

Great-West Life & Annuity Insurance Company

A Stock Company
8515 East Orchard Road Greenwood Village, CO 80111

FLEXIBLE PREMIUM VARIABLE GROUP ANNUITY

PLEASE READ THIS ANNUITY CERTIFICATE CAREFULLY.

ALL PAYOUTS AND VALUES BASED ON THE INVESTMENT EXPERIENCE OF THE ANNUITY ACCOUNT VALUE ARE VARIABLE, MAY INCREASE OR DECREASE ACCORDINGLY, AND ARE NOT GUARANTEED AS TO AMOUNT.

A 10% FEDERAL TAX PENALTY MAY APPLY IF A SURRENDER, WITHDRAWAL, OR DISTRIBUTION IS TAKEN PRIOR TO THE TAXPAYER'S ATTAINMENT OF AGE 59 1/2.

RIGHT OF CANCELLATION

10 DAY RIGHT TO EXAMINE CERTIFICATE. (IF THIS CONTRACT IS ISSUED AS A REPLACEMENT OF EXISTING LIFE INSURANCE OR ANNUITY COVERAGE, THE RIGHT TO EXAMINE PERIOD IS EXTENDED TO 30 DAYS FROM THE DATE OF RECEIVING IT.)

IF NOT SATISFIED WITH THE CERTIFICATE, RETURN IT TO GWL&A OR THE SCHWAB INSURANCE CENTER WITHIN 10 DAYS OF RECEIVING IT. THE CERTIFICATE WILL BE VOID FROM THE START, AND GWL&A WILL PAY THE ANNUITY ACCOUNT VALUE AS OF THE TRANSACTION DATE THE REQUEST FOR CANCELLATION IS RECEIVED. DURING THE RIGHT OF CANCELLATION PERIOD, THE CONTRIBUTIONS WILL BE ALLOCATED IN THE SUB-ACCOUNT(S) AS SPECIFIED IN THE APPLICATION.

FLEXIBLE PREMIUM VARIABLE GROUP ANNUITY.

Contributions may be made until the Payout Commencement Date or until the death benefit is payable to a Beneficiary. The Owner is as shown on the Certificate Data Page unless changed as provided for in this Certificate. GWL&A will pay the Annuitant the first of a series of annuity payouts on the Annuity Commencement Date by applying the Owner's Annuity Account Value according to the Payout Options Provisions. Subsequent payouts will be paid on the same day of each frequency period according to the provisions of this Certificate. Non-Participating. Not eligible to share in GWL&A's divisible surplus.

Signed for Great-West Life & Annuity Insurance Company on the issuance of this Certificate.



Richard Schultz,
Secretary



Mitchell T.G. Graye,
President and Chief Executive Officer

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Form# J444SAappr1, approved on 3/27/2007 Attachment: j444SAappr1 STANDARD.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR Letter.pdf		



If you have any questions or need help completing this application, call the **Schwab Insurance Center** at **1-888-560-5938** from 6:00 A.M. to 4:30 P.M. Pacific time.

Schwab OneSource Annuity®

Variable Annuity Application

Contract Owner:	Joint Contract Owner: (Spouse only)
Full Legal Name	Full Legal Name
Street Address (no P.O. Box please)	Street Address
Street Address (continued)	Street Address (continued)
City, State Zip	City, State Zip
email Address	email Address
Phone – daytime	Phone – daytime
Phone – evening	Phone – evening
Social Security # or Tax ID	Social Security # or Tax ID
Date of Birth	Date of Birth
Gender	Gender

Fill out this section **ONLY** if the Contract Owner is **NOT** an individual person.

Contract Owner is a trust

Full Legal Name	Taxpayer ID No.
Street Address	City, State Zip
Trustee/ Authorized Person's e-mail Address	Trustee / Authorized Person's Social Security Number
Trustee / Authorized Person's Name	Trustee / Authorized Person's Phone Number

If you need additional space, please use separate sheet.

Annuitant: <input type="checkbox"/> Annuitant is the same as Owner.	Contingent Annuitant: <input type="checkbox"/> Contingent Annuitant is the same as Owner <input type="checkbox"/> Contingent Annuitant is the same as Joint Owner
Full Legal Name	Full Legal Name
Street Address	Street Address
Street Address (continued)	Street Address (continued)
City, State Zip	City, State Zip
email Address	email Address
Phone	Phone
Social Security # or Tax ID	Social Security # or Tax ID
Date of Birth	Date of Birth
Gender	Gender

Beneficiary

If you need additional space, please use a separate sheet.

If no Beneficiary is named, the Owner's estate will be deemed to be the Beneficiary.

_____	_____	_____	_____	_____
Name (first/middle/last)	Birth date	Percentage	Relationship	Social Security #
_____	_____	_____	_____	_____
Name (first/middle/last)	Birth date	Percentage	Relationship	Social Security #
_____	_____	_____	_____	_____
Name (first/middle/last)	Birth date	Percentage	Relationship	Social Security #

Percentages must equal 100%. (Please use whole numbers; no fractional percentages)

Contingent Beneficiary

If you need additional space, please use a separate sheet.

The naming of a Contingent Beneficiary is optional.

_____	_____	_____	_____	_____
Name (first/middle/last)	Birth date	Percentage	Relationship	Social Security #
_____	_____	_____	_____	_____
Name (first/middle/last)	Birth date	Percentage	Relationship	Social Security #
_____	_____	_____	_____	_____
Name (first/middle/last)	Birth date	Percentage	Relationship	Social Security #

Percentages must equal 100%. (Please use whole numbers; no fractional percentages)

How will you pay for this annuity?

Minimum initial contribution: \$5,000.

Subsequent minimum contributions: \$500; \$100 if paid through an Automatic Bank Draft.

- Transfer \$ _____ from my Schwab brokerage account number _____ .
- Transfer the entire balance from my existing annuity or life insurance policy.
- Check is attached.

Make check payable to Great-West Life & Annuity Insurance Company.

Death Benefit

Select one:

- Death Benefit Option 1 – Return of Account Value65%
- Death Benefit Option 2 – Guaranteed Minimum Death Benefit85%

Mortality & Expense Charge

Sub-Account Allocation Initial premium will be allocated immediately to the Sub-Accounts specified below. During the Right of Cancellation Period, you may re-allocate among the Sub-Accounts.

___% AIM V.I. International Growth Fund – Series I Shares	___% MFS VIT International Value Portfolio – Service Class Shares
___% AIM V.I. Mid Cap Core Equity Fund – Series I Shares	___% MFS VIT Utility Series Service Class
___% AIM V.I. Small Cap Equity Fund – Series I Shares	___% NVIT Mid Cap Index Fund – Class II Shares
___% Alger Large Cap Growth Portfolio – Class I-2 Shares	___% Oppenheimer Global Securities Fund/VA - Non-Service Shares
___% Alger Mid Cap Growth Portfolio – Class I-2 Shares	___% Oppenheimer International Growth Fund/VA - Non-Service Shares
___% AllianceBernstein VPS International Growth Portfolio – Class A Shares	___% PIMCO VIT High Yield Portfolio – Administrative Class Shares
___% AllianceBernstein VPS International Value Portfolio – Class A Shares	___% PIMCO VIT Low Duration Portfolio – Administrative Class Shares
___% AllianceBernstein VPS Real Estate Investment Portfolio – Class A Shares	___% PIMCO VIT Total Return Portfolio – Administrative Class Shares
___% AllianceBernstein VPS Small & Mid Cap Value Portfolio – Class A Shares	___% Pioneer Emerging Markets VCT Class II Shares
___% American Century Balanced Fund – Class I Shares	___% Pioneer Fund VCT Portfolio – Class I Shares
___% American Century VP Income & Growth Fund – Class I Shares	___% Pioneer Growth Opportunities VCT Portfolio – Class I Shares
___% American Century VP Mid Cap Value Fund - Class II Shares	___% Pioneer Mid Cap Value VCT Portfolio – Class II Shares
___% American Century VP Value Fund – Class I Shares	___% Prudential Series Fund Equity Portfolio - Class II Shares
___% Columbia VIT Marsico 21st Century Fund Class B Shares	___% Prudential Fund Natural Resources Portfolio - Class II Shares
___% Columbia VIT Small Cap Value Fund Class B Shares	___% Royce Capital Fund Small Cap Portfolio - Service Class Shares
___% Delaware VIP Growth Opportunities Series – Standard Class	___% Schwab MarketTrack Growth Portfolio II™
___% Delaware VIP Small Cap Value Series – Standard Class	___% Schwab Money Market Portfolio™
___% Dreyfus Variable Investment Fund Appreciation Portfolio – Initial Shares	___% Schwab S&P 500 Index Portfolio
___% DWS Blue Chip VIP – Class A Shares	___% Seligman Communications and Information – Class II Shares
___% DWS Capital Growth VIP – Class A Shares	___% Sentinel Variable Products Bond Fund
___% DWS Dreman Small Mid Cap Value VIP – Class A Shares	___% Sentinel Variable Products Common Stock Fund
___% DWS Health Care VIP – Class A Shares	___% Sentinel Variable Products Small Company Fund
___% DWS Large Cap Value VIP – Class A Shares	___% Touchstone Mid Cap Growth Fund - Class I Shares
___% DWS Small Cap Index VIP – Class A Shares	___% Van Eck Insurance Trust Worldwide Bond Fund - Class I Shares
___% Federated Fund for US Government Securities II	___% Van Eck Insurance Trust Worldwide Hard Assets Fund - Class S Shares
___% Franklin Small Cap Value Securities Fund – Class II	___% Van Kampen LIT Comstock I – Class I Shares
___% Janus Aspen Series Balanced Portfolio - Service Shares	___% Van Kampen LIT Growth & Income I – Class I Shares
___% Janus Aspen Series Flexible Bond Portfolio - Service Share	___% Wells Fargo Advantage VT Discovery Fund SM Class VT Shares
___% Janus Aspen Series Growth & Income Portfolio - Service Shares	___% Wells Fargo Advantage VT Opportunity Fund SM Class VT Shares
___% Lazard Retirement Emerging Markets Equity Series Portfolio – Service Class Shares	
___% LVIP Baron Growth Opportunities Fund - Service Class	___% Total allocation must equal 100%.

You may change your allocations at any time online or by calling the Schwab Insurance Center at 1-888-560-5938 from 6:00 A.M. to 4:30 P.M. Pacific time.

Fraud Warning

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signatures

I understand that I am applying for a Flexible Premium Variable Annuity, Contract Form J444, issued by Great-West Life & Annuity Insurance Company. I declare that all statements made on this application are true to the best of my knowledge and belief.

I acknowledge receipt of the prospectus for the variable annuity contract. I understand that amounts allocated to a Sub-Account are variable and are not guaranteed as to dollar amount.

I hereby direct that my telephone instructions to the Schwab Insurance Center and/or those I submit via any Internet site and /or e-mail address as identified in the prospectus, be honored for transactions unless otherwise notified by me in writing. I understand that telephone calls may be recorded to monitor the quality of service I receive and to verify contract transaction information. The Schwab Insurance Center will use reasonable procedures to confirm that instructions communicated by telephone or electronically are genuine. If such procedures are followed, Great-West Life & Annuity Insurance Company will not be liable for any losses due to unauthorized or fraudulent instructions. If a transfer from my Schwab brokerage account is indicated in this application, I authorize Schwab to transfer the amount specified. I certify under penalty of perjury that the taxpayer identification numbers listed on this application are correct and that I am not subject to backup withholding. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here →

_____ Signature of Contract Owner	_____ Date	_____ Signature of Joint Contract Owner	_____ Date
_____ Full Name of Contract Owner		_____ Full Name of Joint Contract Owner	

For Agent Use Only

Do you have reason to believe the annuity applied for will replace any life insurance or annuity with us or with any other company? Yes No

Do you believe the contract is suitable for the retirement and insurance needs of the applicant?
 Yes No Information not provided by applicant.

_____ Agent Signature	_____ Date
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Annuity contracts are issued by:

Great-West Life & Annuity Insurance Company

8515 East Orchard Road, Greenwood Village, Colorado, 80111.

Charles Schwab & Co., Inc. is the broker/dealer and insurance agency.

For Internal Use Only:

_____ Rep Code	_____ Source Code	_____ Lead Source	_____ Date
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8515 East Orchard Road
Greenwood Village, CO 80111 Tel. (303) 737-3000
Address mail to: P.O. Box 1700, Denver, CO 80201
www.gwla.com

February 9, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 769-68322

RE: J444SA-r1
Free Look provision for replacement situations

Enclosed for your files is a revised front cover for previously approved annuity contract, J444-SA. The revised front cover reflects how Great-West Life & Annuity provides the free-look period for both new business and replacement situations and is consistent with the laws of your state.

This annuity contract was previously approved in your state on February 13, 2001.

I certify there have been no additional changes to this contract.

We look forward to your approval.

Sincerely,

A handwritten signature in black ink that reads "Tanya D. Gonzales". The signature is written in a cursive style.

Tanya Gonzales
Manager, Individual Markets
(303) 737-5829
Tanya.gonzales@gwl.com