

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 813744**

1. Corporation Name

**SUNAMERICA LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

1 SUNAMERICA CENTER  
CENTURY CITY  
LOS ANGELES CA 90067-6022  
US

1 SUNAMERICA CENTER  
CENTURY CITY  
LOS ANGELES CA 90067-6022  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**ATTN: Virginia N. Puzon**  
Suite, Apt. #, etc.

**ATTN: Virginia N. Puzon**  
Suite, Apt. #, etc.

**1 SunAmerica Center, 37th Fl**

**1 SunAmerica Center, 37 Fl**

City & State  
**Los Angeles, CA**

City & State  
**Los Angeles, CA**

Zip  
**90067-6022**

Country

Zip  
**90067-6022**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/10/1959**

5. FEI Number

**52-0502540**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPC	BROAD, ELI	1 SUNAMERICA CENTER	LOS ANGELES CA
<del>DVS</del>	<del>HARRIS, SUSAN L.</del>	<del>1 SUNAMERICA CENTER</del>	<del>LOS ANGELES CA</del>
DV	WINTROB, JAY S.	1 SUNAMERICA CENTER	LOS ANGELES CA
<del>DV</del>	<del>ROBINSON, SCOTT L.</del>	<del>1 SUNAMERICA CENTER</del>	<del>LOS ANGELES CA 90067</del>
Asst. Sec.	Puzon, Virginia N.	1 SunAmerica Center	Los Angeles, CA 90067-6022
Sr. VP Controller	Gillis, N. Scott	1 SunAmerica Center	Los Angeles, CA 90067-6022

8. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER OF FLA  
THE CAPITOL  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Virginia N. Puzon*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Virginia N. Puzon**

**10/23/00**

Date

**(310) 772-6000**

Daytime Phone #

CR2E040 (8/00)

PN9C262



ACCOUNT NO. : 072100000032

REFERENCE : 875690 4319383

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 750.00

ORDER DATE : October 25, 2000

ORDER TIME : 10:01 AM

ORDER NO. : 875690-010

CUSTOMER NO: 4319383

CUSTOMER: Tan Dosunmu, Legal Asst  
SUNAMERICA, INC.  
SUNAMERICA, INC.  
1 Sunamerica Center  
Century City  
Los Angeles, CA 90067

DOMESTIC FILING

NAME: SUNAMERICA LIFE INSURANCE  
COMPANY

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133  
EXAMINER'S INITIALS: *11*

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 26 AM 10:47  
NOT RECORDED  
TO AVOID  
SUFFICIENCY OF FILING