

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90002 041 \*\*\*550.00

0131396 AT

**DOCUMENT # 813744**

1. Entity Name  
**SUNAMERICA LIFE INSURANCE COMPANY**

Principal Place of Business  
**ATTN: VIRGINIA N. PUZON**  
**1 SUNAMERICA CENTER, 37TH FL**  
**LOS ANGELES CA 90067-6022**

Mailing Address  
**ATTN: VIRGINIA N. PUZON**  
**1 SUNAMERICA CENTER, 37TH FL**  
**LOS ANGELES CA 90067-6022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-0502540**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER OF FLA**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>BROAD, ELI</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES CA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC</b> <b>GILLIS, N. SCOTT</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES CA 90067-6022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BY</b> <b>WINTROB, JAY S.</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>PUZON, VIRGINIA N</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES CA 90067-6022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR, PRESIDENT &amp; CEO</b> <b>JAY S. WINTROB</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES, CA 90067-6022</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>CHRISTINE A. NIXON</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES, CA 90067-6022</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

8/14/01

(310) 772-6541

Date Daytime Phone #

CP2E034 (5/01)

SunAmerica Inc.

1 SunAmerica Center  
Century City  
Los Angeles CA 90067-6022  
310.772.6000

*Mailing Address*

P.O. Box 54197  
Los Angeles CA 90054-0197

Attachment 977760  
Doc# 813744



August 14, 2001

**VIA U.S. MAIL**

Florida Dept. of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Anchor National Life Insurance Company #86-0198983  
SA Investment Group, Inc. #95-4494273  
SunAmerica Life Insurance Company #52-0502540

Dear Sir or Madam:

Enclosed are 2001 Uniform Business Reports with their fees for the above referenced companies. Please return the attached copy of this letter in the pre-postage paid, self-addressed envelope enclosed.

If you have any further questions, please feel free to call me at (310) 772-6505.

Very truly yours,

Tan Dosunmu  
Legal Assistant