

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90102 035 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 52-0502540	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER OF FLA
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE WINTROB, JAY S 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC GILLIS, N. SCOTT 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WINTROB, JAY S. 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUZON, VIRGINIA N 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIXON, CHRISTINE A 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<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

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* **4/8/02** **(310) 772-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment # 813744/1033216

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



April 8, 2002

VIA U.S. MAIL

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Anchor National Life Insurance Company
SunAmerica Life Insurance Company

Dear Sir or Madam:

Enclosed are two Uniform Business Reports with checks in the appropriate amounts for each company referenced. Please return the enclosed copy of this letter in the self-addressed pre-postage paid envelope attached.

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

Very truly yours,

Tan Dosunmu,
Legal Assistant
SunAmerica Inc.