## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #813744**

1. Entity Name

SUNAMERICA LIFE INSURANCE COMPANY



## FILED Jul 19, 2004 8:00 am Secretary of State

07-19-2004 90005 029 \*\*\*550.00

								;
1 SUNAMERCIA CENTER 37TH FLOOR		Mailing Address 1 SUNAMERCIA CENTER 37TH FLOOR LOS ANGELES, CA 90067		- 11011111	Al made kini ibah behi bia		5406	
2. Principal Place of Business 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012004	Chg-P	CR2E034	4 (10/03)	
City & State		City & State		4. FE! Numi 52-050			<u> </u>	plied For t Applicable
Zip :	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent				7. Name an	d Address of New F	Registered Ag	jent	
			Name					
	IANCIAL OFFICER 5200 (32314-6200) INES ST		Street Address		(P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32399-0000								
			City			FL	Zip Code	e ,
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$550.00 9. Election Campaig  Due by September 8, 2004 Trust Fund Contri				\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND D	PIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE WINTROB, JAY S 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	Ţ	Change	■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC GILLIS, N. SCOTT 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(	Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PCEO WINTROB, JAY S. 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		[	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change .	Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUA DE THE SOUND OFFICER OF DIRECTOR

07/13/04 (310) 772-6000

allachne

Doc813744

AIG SunAmerica

AIG SunAmerica Inc.
1 SunAmerica Center
Los Angeles, CA 90067-6022

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

310.772.6000

July 13, 2004

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2004 FOR PROFIT CORPORATION ANNUAL REPORT SunAmerica Life Insurance Company/ Document # 813744

Dear Sir/Madam:

Enclosed is the 2004 FOR PROFIT CORPORATION ANNUAL REPORT for the above-referenced company along with the filing fee of \$550.00. Please indicate receipt of filing by date-stamping the enclosed copy of the Annual Report and returning it in the self-addressed, stamped envelope attached for your convenience.

If you have any questions, please feel free to contact the undersigned at telephone no. (310) 772-6505.

Sincerely,

Tina Marie Wiktor Legal Assistant

AIG SunAmerica Inc.

tmw.