

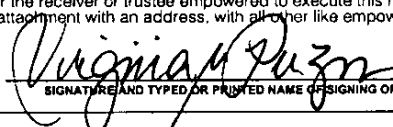


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 011 ***150.00

DOCUMENT # 813744 1. Entity Name SUNAMERICA LIFE INSURANCE COMPANY					
Principal Place of Business 1 SUNAMERICA CENTER 37TH FLOOR LOS ANGELES, CA 90067			Mailing Address 1 SUNAMERICA CENTER 37TH FLOOR LOS ANGELES, CA 90067		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 52-0502540				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WINTROB, JAY S 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV GILLIS, N. SCOTT 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELARDI, JAMES R 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUZON, VIRGINIA N 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIXON, CHRISTINE A 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV POLAKOV, STEWART R 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SVP/CFO N. Scott Gillis 1 SunAmerica Center Los Angeles, CA 90067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				Virginia N. Puzon	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
April 26, 2006		(310) 772-6541			

ATTACHMENT

40079566
813744



AIG Retirement Services, Inc.
1 SunAmerica Center
Los Angeles, CA 90067

310.772.6000

April 28, 2006

VIA FED EX

Division of Corporations
2670 Executive Center Circle
Tallahassee, FL 32301

Re: **SunAmerica Life Insurance Company (Doc # 813744)**

Dear Sir/Madam:

Enclosed is the 2006 Limited Partnership Annual Report for the above referenced company along with the appropriate fee of \$150.00. Please indicate receipt of this filing by date-stamping the enclosed copy of this letter and returning it in the self-addressed, postage-paid envelope provided for your convenience.

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

Very truly yours,

A handwritten signature in black ink, appearing to be "Rose Khatchikian", written over a horizontal line.

Rose Khatchikian
Legal Assistant
AIG SunAmerica, Inc.

Enclosures