2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90276 044 ***150.00

DOCUMENT # 813744

1. Entity Name
SUNAMERICA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 SUNAMERCIA CENTER 37TH FLOOR LOS ANGELES, CA 90067	1 SUNAMERCIA CENTER 37TH FLOOR LOS ANGELES, CA 90067

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04202007 Chg-P CR2E034 (12/06)

4. FEI Number 52-0502540 — Applied For / Not Applicable

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO ☐ Delete	TITLE	PRESIDENT-DIRECTOR ☐ Change ☒ Addition
NAME	WINTROB, JAY S	NAME	JANA W. GREER
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	! SUNAMERICA CENTER 37th
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	DSVP ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GILLIS, N. SCOTT	NAME	MICHAEL J. AKERS
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	1 SUNAMERICA CENTER 37TH FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	LOS ANGELES, CA. 90067
TITLE	DP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BELARDI, JAMES R	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	
TITLE	AS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUZON, VIRGINIA N	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NIXON, CHRISTINE A	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	
TITLE	SV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POLAKOV, STEWART R	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	

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 **VIRGINIA N. PUZON** **04-20-07** **310.772.6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 813744

1. Entity Name
SUNAMERICA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 SUNAMERCIA CENTER 37TH FLOOR LOS ANGELES, CA 90067	1 SUNAMERCIA CENTER 37TH FLOOR LOS ANGELES, CA 90067

H07000078131

04202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-0502540 — Applied For / Not Applicable

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO ☐ Delete	TITLE	PRESIDENT-DIRECTOR ☐ Change ☒ Addition
NAME	WINTROB, JAY S	NAME	JANA W. GREER
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	1 SUNAMERICA CENTER 37th
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	DSVP ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GILLIS, N. SCOTT	NAME	MICHAEL J. AKERS
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	1 SUNAMERICA CENTER 37TH FLOOR
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	LOS ANGELES, CA. 90067
TITLE	DP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BELARDI, JAMES R	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	
TITLE	AS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUZON, VIRGINIA N	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NIXON, CHRISTINE A	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	
TITLE	SV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POLAKOV, STEWART R	NAME	
STREET ADDRESS	1 SUNAMERICA CENTER	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 900676022	CITY-ST-ZIP	

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 VIRGINIA N. PUZON 04-20-07 310.772.6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #