2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# 813744

Entity Name: SUNAMERICA LIFE INSURANCE COMPANY

Current Principal Place of Business:

1 SUNAMERCIA CENTER
37TH FLOOR
LOS ANGELES, CA 90067

New Principal Place of Business:

1 SUNAMERICA CENTER
37TH FLOOR
LOS ANGELES, CA 90067

Current Mailing Address:

1 SUNAMERCIA CENTER
37TH FLOOR
LOS ANGELES, CA 90067

New Mailing Address:

FEI Number: 52-0502540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: WINTROB, JAY S
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022

Title: DSVP ( ) Delete
Name: GILLIS, N. SCOTT
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022

Title: DP ( ) Delete
Name: GREER, JANA W
Address: 1 SUNAMERICA CENTER 37TH
City-St-Zip: LOS ANGELES, CA 900676022

Title: AS ( ) Delete
Name: PUZON, VIRGINIA N
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022

Title: S ( ) Delete
Name: NIXON, CHRISTINE A
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022

Title: SV ( ) Delete
Name: POLAKOV, STEWART R
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA N. PUZON AS 07/03/2008

Electronic Signature of Signing Officer or Director — Date