

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813744

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SUNAMERICA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1 SUNAMERICA CENTER  
37TH FLOOR  
LOS ANGELES, CA 90067

**New Principal Place of Business:**

**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

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

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date