

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 813744

**FILED**  
**Dec 15, 2011**  
**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 SUNAMERICA 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:** N/A

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**Title:** SSVP  
**Name:** NIXON, CHRISTINE A  
**Address:** 1 SUNAMERICA CENTER  
**City-St-Zip:** LOS ANGELES, CA 900676022

**Title:** SVP  
**Name:** POLAKOV, STEWART R  
**Address:** 1 SUNAMERICA CENTER  
**City-St-Zip:** LOS ANGELES, CA 900676022

I hereby 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 all other like empowered.

**SIGNATURE:** VIRGINIA N PUZON

AS

12/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date