

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813744

FILED
Aug 29, 2012
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:

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
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

08/29/2012

Electronic Signature of Signing Officer or Director

Date