FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **822457** **(8)**

1. Corporation Name

ANCHOR NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 SUNAMERICA CENTER CENTURY CITY LOS ANGELES CA 90067-6022 US	1 SUNAMERICA CENTER CENTURY CITY LOS ANGELES CA 90067-6022 US

3. Date Incorporated or Qualified: **02/27/1969**
3a. Date of Last Report: **10/18/1995**

4. FEI Number: **86-0198983** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROAD, ELI		1.2 NAME		
STREET ADDRESS	1 SUNAMERICA CENTER		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		1.4 CITY-ST-ZIP		
TITLE	SDV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, SUSAN L		2.2 NAME		
STREET ADDRESS	1 SUNAMERICA CENTER		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WINTROB, JAY S.		3.2 NAME		
STREET ADDRESS	1 SUNAMERICA CENTER		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		3.4 CITY-ST-ZIP		
TITLE	V/C	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	GILES, N. SCOTT		4.2 NAME	GILLIS, N. SCOTT	
STREET ADDRESS	1 SUNAMERICA CENTER		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, SCOTT L.		5.2 NAME	600001746166	
STREET ADDRESS	1 SUNAMERICA CENTER		5.3 STREET ADDRESS	-03/16/96--01004--004	
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		5.4 CITY-ST-ZIP	***200.00	
TITLE	DV	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAT, GARY W		6.2 NAME		
STREET ADDRESS	1 SUNAMERICA CENTER		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90067-6022		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/11/96 310-772-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

822457

89.2

ANCHOR NATIONAL LIFE INSURANCE COMPANY

continuation of ITEM #13

OFFICERS AND DIRECTORS - 12/31/95

DV	Belardi, James R.	1 SunAmerica Center, Los Angeles, Calfiornia 90067-6022
D	Fife, Lorin M.	1 SunAmerica Center, Los Angeles, California 90067-6022
D/V	Greer, Jana W.	1 SunAmerica Center, Los Angeles, California 90067-6022
D	McMillan, Peter	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Akin, Victor A.	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Grey, J. Franklin	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Jones, Keith B.	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Lindquist, Michael L.	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Nolan, Edward P.	88 Bradley Road, P.O. Box 4005, Woodbridge, CT 06525
V	Outcalt, Gregory M.	1 SunAmerica Center, Los Angeles, California 90067-6022
VA	Reoliquio, Edwin R.	1 SunAmerica Center, Los Angeles, California 90067-6022
V/T	Richland, Scott H.	1 SunAmerica Center, Los Angeles, California 90067-6022
V/D	Rowan, James W.	1 SunAmerica Center, Los Angeles, California 90067-6022

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