

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 822457**

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**ATTN: Virginia N. Puzon**  
Suite, Apt. #, etc.

**ATTN: Virginia N. Puzon**  
Suite, Apt. #, etc.

**1 SunAmerica Center, 37th Fl.**

**City & State Los Angeles, CA 90067-6022**

**Zip 90067-6022 Country**

4. Date Incorporated or Qualified To Do Business in Florida

**02/27/1969**

5. FEI Number

**86-0198983**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PDC	BROAD, ELI	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
<del>SDV</del>	<del>HARRIS, SUSAN L</del>	<del>1 SUNAMERICA CENTER</del>	<del>LOS ANGELES CA 90067</del>
VD	WINTROB, JAY S.	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
V/C	GILLIS, N. SCOTT	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
<del>DV</del>	<del>ROBINSON, SCOTT L</del>	<del>1 SUNAMERICA CENTER</del>	<del>LOS ANGELES CA 90067</del>
Asst. Sec.	Puzon, Virginia N.	1 SunAmerica Center	Los Angeles, CA 90067-6022

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

**000003440110-3**

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Virginia N. Puzon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Virginia N. Puzon 10/23/00**

**(310) 772-6000**

Date

Daytime Phone #

CR2E040 (8/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 875690 4319383

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : October 25, 2000

ORDER TIME : 10:03 AM

ORDER NO. : 875690-015

CUSTOMER NO: 4319383

CUSTOMER: Tan Dosunmu, Legal Asst  
SUNAMERICA, INC.  
SUNAMERICA, INC.  
1 Sunamerica Center  
Century City  
Los Angeles, CA 90067

DOMESTIC FILING

NAME: ANCHOR NATIONAL LIFE  
INSURANCE COMPANY

EFFECTIVE DATE:

XX        ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133  
EXAMINER'S INITIALS:

