2001 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2001 8:00 am Secretary of State 822457 DOCUMENT # 1. Entity Name ANCHOR NATIONAL LIFE INSURANCE COMPANY Principal Place of Business Mailing Address ATTN: VIRGINIA N. PUZON ATTN: VIRGINIA N. PUZON 977751 1 SUNAMERICA CENTER, 37TH FL 1 SUNAMERICA CENTER, 37TH FL LOS ANGELES CA 90067-6022 LOS ANGELES CA 90067-6022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 86-0198983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32304 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PDC** PRESIDENT CHIEF EXECUTIVE OFFICE Change TITLE Delete TITLE BROAD, ELI ar Can JAY S. WINTROB NAME NAME 1 SUNAMERICA CENTER I SUNAMERICA CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-6022 CITY-ST-ZIP 90067-6022 LOS ANGELES, CA TITLE ☐ Delete TITLE Addition NAME PUZON, VIRGINIA N NAME STREET ADDRESS 1 SUNAMERICA CENTER STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-6022 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WINTROB; JAY S. NAME PLEASE SEE #12. NAME STREET ADDRESS **1-SUNAMERICA-CENTER** STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-6022 CITY-ST-ZIP SENIOR VICE PRESIDENT, DIRECTOR TO Change TITLE VC- CHANGE OF TITLE ☐ Delete TITLE ☐ Addition GILLIS, N. SCOTT N. SLOTT GILLIS NAME NAME 1 SUNAMERICA CENTER STREET ADDRESS I SUNAMERICA CENTER STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-6022 CITY-ST-ZIP LOS ANGELES, CA 90067-6022 TITLE Delete TITLE SECRETARY. Addition ☐ Change NAME CHRISTINE A. NIXON STREET ADDRESS STREET ADDRESS I SUNAMERICA CENTER CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90067-6022 TITLE ☐ Delete TIT! F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all

IGNING OFFICER OR DIRECTOR