# 2002 UNIFORM BUSINESS REPORT (UBR)

#### Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # 822457 1. Entity Name 04-17-2002 90102 037 \*\*\*150 00 ANCHOR NATIONAL LIFE INSURANCE COMPANY Principal Place of Business Mailing Address ATTN: VIRGINIA N. PUZON ATTN: VIRGINIA N. PUZON 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 4. FEI Number Applied For 86-0198983 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Jax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition **PCEO** NAME NAME WINTROB, JAY S STREET ADDRESS STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067-6022 TITLE Change ☐ Addition TITLE ☐ Delete AS NAME NAME PUZON, VIRGINIA N STREET ADDRESS STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP CITY-ST-7IP LOS ANGELES CA 90067-6022 Change ■ Addition TITLE □ Delete TITLE SVPD NAME NAME GILLIS, N. SCOTT STREET ADDRESS STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-7/P CITY-ST-ZIP LOS ANGELES CA 90067-6022 TITLE ☐ Delete TITLE Change ☐ Addition NAME NIXON, CHRISTINE A STREET ADDRESS STREET ADDRESS 1 SUNAMERICA CENTER CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067-6022 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND ED OF PRINTED NAME OF SIGNI

Attachment # 822457/ 1633214

### SunAmerica Inc.

1 SunAmerica Center Century City Los Angeles CA 90067-6022 310.772.6000

Mailing Address
P.O. Box 54197
Los Angeles CA 90054-0197



April 8, 2002

## VIA U.S. MAIL

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

> Re: Anchor National Life Insurance Company SunAmerica Life Insurance Company

## Dear Sir or Madam:

Enclosed are two Uniform Business Reports with checks in the appropriate amounts for each company referenced. Please return the enclosed copy of this letter in the self-addressed prepostage paid envelope attached.

If you have any further questions, please feel free to call me at (310) 772-6505.

Very truly yours,

Tan Dosunmu,

Legal Assistant

SunAmerica Inc.