

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90279 034 ***150.00

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1. Entity Name
AIG SUNAMERICA LIFE ASSURANCE COMPANY



Principal Place of Business
**1 SUNAMERICA CENTER
37TH FLOOR
LOS ANGELES, CA 90067-6022**

Mailing Address
**1 SUNAMERICA CENTER
37TH FLOOR
LOS ANGELES, CA 90067-6022**

40065017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302005 Chg-P CR2E034 (10/03)

4. FEI Number
86-0198983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WINTROB, JAY S
1 SUNAMERICA CENTER
LOS ANGELES, CA 900676022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
PUZON, VIRGINIA N
1 SUNAMERICA CENTER
LOS ANGELES, CA 900676022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPD
GILLIS, N. SCOTT
1 SUNAMERICA CENTER
LOS ANGELES, CA 900676022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NIXON, CHRISTINE A
1 SUNAMERICA CENTER
LOS ANGELES, CA 900676022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GREER, JANA W
1 SUNAMERICAN CENTER
LOS ANGELES, CA 900676022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/CEO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/CFD/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/GC/S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
James R. Belardi
1 SunAmerica Center
Los Angeles, CA 90067** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia N. Puzon

Virginia N. Puzon

4/8/05

(310) 772-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #