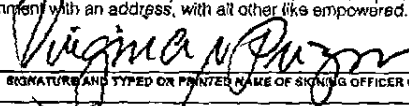


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 822457 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	
DO NOT WRITE IN THIS SPACE		
04252006 No Chg-P CR2E034 (11/05) 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		DO NOT WRITE IN THIS SPACE
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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 05/16/06-80032-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WINTROB, JAY S 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUZON, VIRGINIA N 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD GILLIS, N. SCOTT 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCS NIXON, CHRISTINE A 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREER, JANA W 1 SUNAMERICAN CENTER LOS ANGELES, CA 900676022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELARDI, JAMES R 1 SUN AMERICA CENTER LOS ANGELES, CA 90067	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 April 26, 2006 (310) 772-6541 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		