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

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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 _____ DATE
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, 2006 Fee will be $550.00

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

000000555422
05/16/06-80032-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	WINTROB, JAY S
STREET ADDRESS	1 SUNAMERICA CENTER
CITY-ST-ZIP	LOS ANGELES, CA 900676022
TITLE	AS
NAME	PUZON, VIRGINIA N
STREET ADDRESS	1 SUNAMERICA CENTER
CITY-ST-ZIP	LOS ANGELES, CA 900676022
TITLE	SCD
NAME	GILLIS, N. SCOTT
STREET ADDRESS	1 SUNAMERICA CENTER
CITY-ST-ZIP	LOS ANGELES, CA 900676022
TITLE	SCS
NAME	NIXON, CHRISTINE A
STREET ADDRESS	1 SUNAMERICA CENTER
CITY-ST-ZIP	LOS ANGELES, CA 900676022
TITLE	PD
NAME	GREER, JANA W
STREET ADDRESS	1 SUNAMERICAN CENTER
CITY-ST-ZIP	LOS ANGELES, CA 900676022
TITLE	D
NAME	BELARDI, JAMES R
STREET ADDRESS	1 SUN AMERICA CENTER
CITY-ST-ZIP	LOS ANGELES, CA 90067

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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 Virginia N. Puzon April 26, 2006 (310) 772-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #