

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90276 024 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-0198983	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WINTROB, JAY S ☐ Delete 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - SVP MICHAEL J. AKERS ☐ Change ☒ Addition 1 SUNAMERICA CENTER 37th FLOOR LOS ANGELES, CA. 90067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUZON, VIRGINIA N ☐ Delete 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD GILLIS, N. SCOTT ☐ Delete 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHRISTOPHER J. SWIFT ☐ Change ☒ Addition 1 SUNAMERICA CENTER 37th FLOOR LOS ANGELES, CA. 90067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCS NIXON, CHRISTINE A ☐ Delete 1 SUNAMERICA CENTER LOS ANGELES, CA 900676022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREER, JANA W ☐ Delete 1 SUNAMERICAN CENTER LOS ANGELES, CA 900676022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELARDI, JAMES R ☒ Delete 1 SUN AMERICA CENTER LOS ANGELES, CA 90067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 <i>Virginia N. Puzon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			VIRGINIA N. PUZON 4-20-07 310.772.6000 Date Daytime Phone #		

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ATTACHMENT

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