

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822457

FILED
Mar 02, 2009
Secretary of State

Entity Name: AIG SUNAMERICA LIFE ASSURANCE COMPANY

Current Principal Place of Business:

1 SUNAMERICA CNTER
37TH FLOOR
LOS ANGELES, CA 900676022

New Principal Place of Business:

Current Mailing Address:

1 SUNAMERICA CNTER
37TH FLOOR
LOS ANGELES, CA 900676022

New Mailing Address:

FEI Number: 86-0198983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: WINTROB, JAY S
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022 US

Title: AS () Delete
Name: PUZON, VIRGINIA N
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022 US

Title: SCD () Delete
Name: GILLIS, N. SCOTT
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022 US

Title: SCS () Delete
Name: NIXON, CHRISTINE A
Address: 1 SUNAMERICA CENTER
City-St-Zip: LOS ANGELES, CA 900676022 US

Title: PD () Delete
Name: GREER, JANA W
Address: 1 SUNAMERICAN CENTER
City-St-Zip: LOS ANGELES, CA 900676022

Title: D () Delete
Name: SWIFT, CHRISTOPHER J
Address: 1 SUN AMERICA CENTER 37TH FL
City-St-Zip: LOS ANGELES, CA 90067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA N. PUZON

_____ Electronic Signature of Signing Officer or Director

AS

03/02/2009

_____ Date