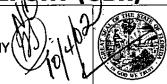
## **FILED** 2003 FOR PROFIT CORPORATION Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT**

DOCUMENT #

822457

1. Entity Name AIG SUNAMERICA LIFE ASSURANCE COMPANY



Principal Place of Business ATTN: VIRGINIA N. PUZON 1 SUNAMERICA CENTER, 37TH FL LOS ANGELES CA 90067-6022

Mailing Address ATTN: VIRGINIA N. PUZON 1 SUNAMERICA CENTER, 37TH FL LOS ANGELES CA 90067-6022

	Place of Business UNAMERICA CENTER	3. Mailing Address SUNAMER	ICA CENTER	,	nidit bizil didil gibil şebi	
Suite, Apt. #, etc. 3744 Floor		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State LDS Angeles, CA		City & State LOS ANGELES, CA		4. FEI Number 86-0198983	Applied For Not Applicable	
Zip 9001	Country	Zip 90047	Country USA		8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
INSURANCE COMMISSIONER			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)		
THE CAPITOL BUILDING TALLAHASSEE FL 32304						
TALLATIAGGE FL 32304			<b></b>			
			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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WINTROB, JAY S 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUZON, VIRGINIA N 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GILLIS, N. SCOTT 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	S NIXON, CHRISTINE A 1 SUNAMERICA CENTER LOS ANGELES CA 90067-6022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE		□ Delate	TITLE		Change	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

04-25-2003 90253 007 \*\*\*150.00

CR2E034 (10/02)