


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-23-2007 90276 025 ***150.00

DOCUMENT # F00000005394 1. Entity Name DIL/SAHP CORP.	
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Principal Place of Business C/O AIG SUN AMERICA 1 SUN AMERICA CENTER 37TH FL LOS ANGELES, CA 90067	Mailing Address C/O AIG SUN AMERICA 1 SUN AMERICA CENTER 37TH FL LOS ANGELES, CA 90067
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40078102



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1913392	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOWLER, MICHAEL L 1 SUN AMERICA CENTER LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS FAIR, ALAN T 1 SUN AMERICA CENTER LOS ANGELES, CA 900676022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NIXON, CHRISTINE 1 SUN AMERICA CENTER LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GILLIS, N. SCOTT 1 SUN AMERICA CENTER LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PUZON, VIRGINIA 1 SUN AMERICA CENTER LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP HEITNER, HOWARD N 1 SUNAMERICA CTR LOS ANGELES, CA 90067

**DO NOT WRITE
IN THIS SPACE**

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-07 **310-772-6000**
Date Daytime Phone #

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ANNUAL REPORT**

ATTACHMENT

DOCUMENT # F00000005394

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LOS ANGELES, CA 90067

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SIGNATURE _____

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SIGNATURE: *Virginia N. Puzon* **VIRGINIA N. PUZON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-07
Date

310.772.6000
Daytime Phone #