

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005394

Entity Name: DIL/SAHP CORP.

FILED  
Apr 22, 2012  
Secretary of State

## Current Principal Place of Business:

1 SUNAMERICA CENTER, 37TH FLOOR  
LOS ANGELES, CA 90067

## New Principal Place of Business:

## Current Mailing Address:

1 SUNAMERICA CENTER, 37TH FLOOR  
LOS ANGELES, CA 90067

## New Mailing Address:

FEI Number: 91-1913392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

## OFFICERS AND DIRECTORS:

Title: P  
Name: FOWLER, MICHAEL L  
Address: 1 SUN AMERICA CENTER, 37TH FL  
City-St-Zip: LOS ANGELES, CA 90067

Title: S  
Name: NIXON, CHRISTINE A  
Address: 1 SUN AMERICA CENTER, 37TH FL  
City-St-Zip: LOS ANGELES, CA 90067

Title: T  
Name: GILLIS, N. SCOTT  
Address: 1 SUN AMERICA CENTER, 37TH FL  
City-St-Zip: LOS ANGELES, CA 90067

Title: ASEC  
Name: PUZON, VIRGINIA N  
Address: 1 SUN AMERICA CENTER, 37TH FL  
City-St-Zip: LOS ANGELES, CA 90067

Title: EVP  
Name: HEITNER, HOWARD M  
Address: 1 SUNAMERICA CTR, 37TH FL  
City-St-Zip: LOS ANGELES, CA 90067

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE A. NIXON

S

04/22/2012

Electronic Signature of Signing Officer or Director

Date