

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004412 (0)

1. Corporation Name:
SUNAMERICA NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business: **1 SUNAMERICA CTR CENTURY CITY LOS ANGELES CA 90067-6022**
Mailing Address: **1 SUNAMERICA CTR CENTURY CITY LOS ANGELES CA 90067-6121**

3. Date Incorporated or Qualified: **08/26/1996**
3a. Date of Last Report:
4. FEI Number: **86-0788099**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROAD, ELI	
STREET ADDRESS	1 SUNAMERICA CTR	
CITY - ST - ZIP	LOS ANGELES CA 90067-6022	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BROAD, ELI	
STREET ADDRESS	1 SUNAMERICA CTR	
CITY - ST - ZIP	LOS ANGELES CA 90067-6022	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BELARDI, JAMES R	
STREET ADDRESS	1 SUNAMERICA CTR	
CITY - ST - ZIP	LOS ANGELES CA 90067-6022	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	BELARDI, JAMES R	
STREET ADDRESS	1 SUNAMERICA CTR	
CITY - ST - ZIP	LOS ANGELES CA 90067-6022	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TUMBLER, JOSEPH M	
STREET ADDRESS	1 SUNAMERICA CTR	
CITY - ST - ZIP	LOS ANGELES CA 90067-6022	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WINTROB, JAY S	
STREET ADDRESS	1 SUNAMERICA CTR	
CITY - ST - ZIP	LOS ANGELES CA 90067-6022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address

SIGNATURE: *Susan L. Harris* **Susan L. Harris** 1/9/97 310/772-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)

SUNAMERICA NATIONAL LIFE INSURANCE COMPANY

continuation of ITEM 13:

DIRECTORS AND OFFICERS LIST - 12/31/96

DV	Fife, Lorin M.	1 SunAmerica Center, Los Angeles, California 90067-6022
DV	Greer, Jana W.	1 SunAmerica Center, Los Angeles, California 90067-6022
DSV	Harris, Susan L.	1 SunAmerica Center, Los Angeles, California 90067-6022
D	Marmorstein, Vicki	633 West Fifth Street, Los Angeles, California 90071
D	McMillan, Peter	1 SunAmerica Center, Los Angeles, California 90067-6022
DV	Robinson, Scott L.	1 SunAmerica Center, Los Angeles, California 90067-6022
DV	Rowan, James W.	1 SunAmerica Center, Los Angeles, California 90067-6022
DV	Tumbler, Joseph M.	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Akin, Victor A.	1 SunAmerica Center, Los Angeles, California 90067-6022
VC	Gillis, N. Scott	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Grey, J. Franklin	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Jones, Keith B.	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Lindquist, Michael L.	1 SunAmerica Center, Los Angeles, California 90067-6022
V	Nolan, Edward P.	88 Bradley Road, P.O. Box 4005, Woodbridge, CT 06525
V	Outcalt, Gregory M.	1 SunAmerica Center, Los Angeles, California 90067-6022
VA	Reoliquio, Edwin R.	1 SunAmerica Center, Los Angeles, California 90067-6022
VT	Richland, Scott H.	1 SunAmerica Center, Los Angeles, California 90067-6022

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