

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90013 001 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT
1999

DOCUMENT # **F96000004412**
 1. Corporation Name
SUNAMERICA NATIONAL LIFE INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number Applied For
86-0788099 Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 25 29 30

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DC**
 NAME **BROAD, ELI**
 STREET ADDRESS **1 SUNAMERICA CTR**
 CITY-ST-ZIP **LOS ANGELES CA 90067-6022**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **CEO**
 NAME **BROAD, ELI**
 STREET ADDRESS **1 SUNAMERICA CTR**
 CITY-ST-ZIP **LOS ANGELES CA 90067-6022**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **DP**
 NAME **BELARDI, JAMES R**
 STREET ADDRESS **1 SUNAMERICA CTR**
 CITY-ST-ZIP **LOS ANGELES CA 90067-6022**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **COO**
 NAME **BELARDI, JAMES R**
 STREET ADDRESS **1 SUNAMERICA CTR**
 CITY-ST-ZIP **LOS ANGELES CA 90067-6022**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **DV**
 NAME **WINTROB, JAY S**
 STREET ADDRESS **1 SUNAMERICA CTR**
 CITY-ST-ZIP **LOS ANGELES CA 90067-6022**

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **DS**
 NAME **Susan L. Harris**
 STREET ADDRESS **1 SunAmerica Center**
 CITY-ST-ZIP **Los Angeles, CA 90067-6022**

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 if changed, or on an attachment with an address.

SIGNATURE: *Susan L. Harris* Susan L. Harris 7/06/99 (310) 772-6000

CR2E034 (5/99)