

1.) CORPORATION NAME:

SunAmerica Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 SOUTH 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

DUE DATE: **3/31/2011**

SCC ID NO: **F0076374**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMNV	1,790,920
COMV	563,640
PREFNV	300,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 SUNAMERICA CENTER
37TH FL

CITY/ST/ZIP: LOS ANGELES, CA 90067-6022

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J AKERS	
TITLE:	DIR/SR VP	
ADDRESS:	2727 ALLEN PARKWAY	
CITY/ST/ZIP/CO:	HOUSTON, TX 77019-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTINE A NIXON	
TITLE:	SRVP/SEC	
ADDRESS:	1 SUNAMERICA CENTER, CENTURY CITY	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067-6022	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	N SCOTT GILLIS	
TITLE:	SRVP/CFO	
ADDRESS:	1 SUNAMERICA CENTER	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAY S WINTROB	
TITLE:	CEO	
ADDRESS:	1 SUNAMERICA CENTER	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067-6022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VIRGINIA N PUZON	
TITLE:	ASST SECRETARY	
ADDRESS:	1 SUNAMERICA CENTER	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067-6022	

NAME: JANA W GREER TITLE: DIRECTOR ADDRESS: 1 SUNAMERICA CENTER CITY/ST/ZIP/CO: LOS ANGELES, CA 90067-6022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROGER E HAHN TITLE: DIRECTOR ADDRESS: 1 SUNAMERICA CENTER CITY/ST/ZIP/CO: LOS ANGELES, CA 90067-6022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ VIRGINIA N PUZON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA N PUZON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/22/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.