

1.) CORPORATION NAME:

**SunAmerica Annuity and Life Assurance Company**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0218646**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AZ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 SUNAMERICA CENTER  
37TH FLOOR

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.

NAME:	JANA W GREER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	1 SUNAMERICA CENTER		
	37TH FL		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067		

NAME:	CHRISTINE A. NIXON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/SEC		
ADDRESS:	1 SUNAMERICA CENTER		
	37TH FL		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067-6022		

NAME:	VIRGINIA N PUZON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 SUNAMERICA CENTER		
	37TH FL		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067		

NAME:	MARY JANE B FORTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1 SUNAMERICA CENTER		
	37TH FL		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067		

NAME:	ROGER E HAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 SUNAMERICA CENTER		
	37TH FL		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J AKERS DIRECTOR 1 SUNAMERICA CENTER 37TH FL LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J CARR DIRECTOR 1 SUNAMERICA CENTER 37TH FL LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J KANE DIRECTOR 1 SUNAMERICA CENTER 37TH FL LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT RICHLAND DIRECTOR 1 SUNAMERICA CENTER 37TH FL LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	10/17/2012 DATE	
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.			