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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **828190** **(9)**

1. Corporation Name
SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)

Principal Place of Business	Mailing Address
ONE SUN LIFE EXECUTIVE PK 1 SUN LIFE EXECUTIVE PARK WELLESLEY HILLS MA 02181 US	ONE SUN LIFE EXECUTIVE PARK SC 3331 WELLESLEY HILLS MA 02181 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1972

2. Principal Place of Business	2a. Mailing Address
21 ONE SUN LIFE EXECUTIVE PARK	26 ONE SUN LIFE EXECUTIVE PARK
22 Suite, Apt. #, etc.	27 SC 3331
23 City & State: WELLESLEY HILLS, MA.	28 City & State: WELLESLEY HILLS MA.
24 Zip: 02181 25 Country: USA	29 Zip: 02181 30 Country: USA

4. FEI Number: 04-2461439 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TREASURER OF THE STATE OF FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	HORN, DAVID		1.2 NAME	C. JAMES PRIEUR	
STREET ADDRESS	56 PINCKNEY STREET		1.3 STREET ADDRESS	19 CLOVELLY ROAD	
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP	WELLESLEY, MA 02181	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANE, JOHN S		2.2 NAME		
STREET ADDRESS	77 DAWLISH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT. CANADA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VROLYK, ROBERT P		3.2 NAME		
STREET ADDRESS	5 KNOB CONE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYLSTON MA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARGARET SEARS MEAD		4.2 NAME		
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK		4.3 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY HILLS MA		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNEIL, JOHN D		5.2 NAME		
STREET ADDRESS	10 MCKENZIE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, RICHARD B		6.2 NAME		
STREET ADDRESS	69 ATLANTIC AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE _____ VP 05/08

CR2E034 (10/97)