

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 835382

**Entity Name:** SUN LIFE FINANCIAL DISTRIBUTORS, INC.

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC0232556518**

**Current Principal Place of Business:**

ONE SUN LIFE EXECUTIVE PARK  
SC 2335  
WELLESLEY HILLS, MA 02481

**Current Mailing Address:**

ONE SUN LIFE EXECUTIVE PARK  
SC 2335  
WELLESLEY HILLS, MA 02481

**FEI Number: 04-2470476**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT AND DIRECTOR  
Name            HEALY, DAVID J.  
Address        ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            SECRETARY  
Name            ANSELLO, KERRI R  
Address        ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            DIRECTOR  
Name            DAVIS, SCOTT M  
Address        ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            TREASURER  
Name            JETTE, JANE F  
Address        ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            DIRECTOR  
Name            HAYNES, NEIL L.  
Address        ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KERRI R. ANSELLO**

**SECRETARY**

**04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date