

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836238

**Entity Name:** SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

**Current Principal Place of Business:**

96 WORCESTER ST  
SC 3093  
WELLESLEY HILLS, MA 02481

**Current Mailing Address:**

96 WORCESTER ST  
SC 3093  
WELLESLEY HILLS, MA 02481 US

**FEI Number:** 06-0893662

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399-0000 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 CHAIRMAN,  
                      DIRECTOR  
Name            HEALY, DAVID J.  
Address        96 WORCESTER ST  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            AVP AND SENIOR COUNSEL AND  
                      SECRETARY  
Name            KALLAS, COLLEEN L.  
Address        2323 GRAND BOULEVARD  
City-State-Zip: KANSAS CITY MO 64108

Title            SENIOR VICE PRESIDENT, GENERAL  
                      COUNSEL, DIRECTOR  
Name            DAVIS, SCOTT M  
Address        96 WORCESTER ST  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            SVP, CFO, TREASURER, DIRECTOR  
Name            HAYNES, NEIL L.  
Address        96 WORCESTER ST  
                      SC 3093  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            INDEPENDENT DIRECTOR  
Name            KISSEL, COURTNEY  
Address        201 TOWNSEND STREET  
                      SUITE 900  
City-State-Zip: LANSING MI 48933

Title            SVP, HEALTH AND RISK SOLUTIONS  
                      AND DIRECTOR  
Name            COLLIER, JENNIFER E.  
Address        96 WORCESTER ST  
                      SC 3093  
City-State-Zip: WELLESLEY HILLS MA 02481

Title            SVP, CHIEF ACTUARY AND CHIEF  
                      RISK OFFICER  
Name            OSBORNE, SARAH  
Address        96 WORCESTER ST  
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:** COLLEEN L KALLAS

**SECRETARY**

**04/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date