#### **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 836238** 

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

**FILED** Apr 24, 2013 **Secretary of State** CC5519674716

# **Current Principal Place of Business:**

ONE SUN LIFE EXECUTIVE PK SC 2335

WELLESLEY HILLS, MA 02481

## **Current Mailing Address:**

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

FEI Number: 06-0893662 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST 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:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

Title Title SENIOR VICE PRESIDENT, CFO.

TREASURER, DIRECTOR

Name SHUNNEY, MICHAEL E GUBBAY, KEITH Name ONE SUN LIFE EXECUTIVE PARK

Address ONE SUN LIFE EXECUTIVE PARK Address

WELLESLEY HILLS MA 02481 City-State-Zip: City-State-Zip: WELLESLEY HILLS MA 02481

Title

S SCHOCH, SUZANNE M Name Name

ANSELLO, KERRI R ONE SUN LIFE EXECUTIVE PARK Address Address ONE SUN LIFE EXECUTIVE PARK

City-State-Zip: WELLESLEY HILLS MA 02481

City-State-Zip: WELLESLEY HILLS MA 02481

SENIOR VICE PRESIDENT, GENERAL Title

Title **VCIO** COUNSEL, DIRECTOR

Name PEACHER, STEPHEN C Name DAVIS, SCOTT M

Address ONE SUN LIFE EXECUTIVE PARK ONE SUN LIFE EXECUTIVE PARK Address City-State-Zip: WELLESLEY HILLS MA 02481 WELLESLEY HILLS MA 02481 City-State-Zip:

Title VP, CHIEF ACTUARY Title **DIRECTOR** 

Name TAVAN, FRED M. QUINN, CHRISTOPHER J. Name

Address ONE SUN LIFE EXECUTIVE PK ONE SUN LIFE EXECUTIVE PK Address City-State-Zip: WELLESLEY HILLS MA 02481 City-State-Zip: WELLESLEY HILLS MA 02481

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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.

04/24/2013 SIGNATURE: KERRI R. ANSELLO SECRETARY

# Officer/Director Detail Continued:

Title VP

Name WOODROFFE, SEAN N.

Address ONE SUN LIFE EXECUTIVE PK
City-State-Zip: WELLESLEY HILLS MA 02481