

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836238

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

**FILED**  
**Feb 11, 2020**  
**Secretary of State**  
**8944722332CC**

**Current Principal Place of Business:**

ONE SUN LIFE EXECUTIVE PK  
SC 3093  
WELLESLEY HILLS, MA 02481

**Current Mailing Address:**

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

Title CHIEF INVESTMENT OFFICER  
Name BROWN, RANDOLPH B.  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF ACTUARY  
Name LILLEY, MEREDITH A.  
Address ONE SUN LIFE EXECUTIVE PK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title SVP AND CHIEF INFORMATION  
OFFICER  
Name BARTGIS, PAULA L.  
Address 175 ADDISON ROAD  
City-State-Zip: WINDSOR CT 06095

Title VP, MARKETING  
Name MILANO, EDMUND F.  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

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

**Continues on page 2**

*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**

**02/11/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP, NATIONAL ACCOUNTS  
Name KRZEMINSKI, KEVIN P.  
Address ONE SUN LIFE EXECUTIVE PK  
SC 1135  
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF RISK OFFICER  
Name O'NEILL, JULIA E.  
Address ONE SUN LIFE EXECUTIVE PK  
SC 1135  
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, STOP LOSS AND HEALTH AND  
DIRECTOR  
Name COLLIER, JENNIFER E.  
Address 175 ADDISON ROAD  
City-State-Zip: WINDSOR CT 06095