2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836238

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

FILED Apr 05, 2023 Secretary of State 7309781683CC

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

Officer/Director Detail:

Title PRESIDENT AND CHAIRMAN, Title AVP AND SENIOR COUNSEL AND

DIRECTOR SECRETARY

NameHEALY, DAVID J.NameKALLAS, COLLEEN L.Address96 WORCESTER STAddress2323 GRAND BOULEVARD

City-State-Zip: WELLESLEY HILLS MA 02481 City-State-Zip: KANSAS CITY MO 64108

Title SENIOR VICE PRESIDENT, GENERAL Title SVP, CFO, TREASURER, DIRECTOR COUNSEL, DIRECTOR

Name DAVIS, SCOTT M Name HAYNES, NEIL L.

Address 96 WORCESTER ST

Address 96 WORCESTER ST SC 3093

30 WORGESTER ST

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

Title INDEPENDENT DIRECTOR Title SVP, STOP HEALTH AND RISK SOLUTIONS AND DIRECTOR Name KISSEL, COURTNEY Name COLLIER, JENNIFER E.

Address 201 TOWNSEND STREET Address 96 WORCESTER ST

SUITE 900 Address 96 WORCESTER ST

SC 3093 City-State-Zip: LANSING MI 48933

City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, CHIEF ACTUARY AND CHIEF RISK OFFICER

Name SHILLER RENEES

Name SHILLER, RENEE S
Address 96 WORCESTER ST

SC 3093

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 04/05/2023

Date