

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836238

FILED
Mar 13, 2018
Secretary of State
CC0591480964

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

Current Principal Place of Business:

ONE SUN LIFE EXECUTIVE PK
SC 1135
WELLESLEY HILLS, MA 02481

Current Mailing Address:

ONE SUN LIFE EXECUTIVE PK
SC 1135
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
 SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

Title 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
 SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF INFORMATION
 OFFICER
Name NELSON-DUEY, DONNA J.
Address ONE SUN LIFE EXECUTIVE PK
 SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

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

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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.

SIGNATURE: COLLEEN L. KALLAS

SECRETARY

03/13/2018

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 HEAD OF HUMAN RESOURCES
Name DECASTRO, KATHLEEN E.
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 SVP, STOP LOSS AND HEALTH,
DIRECTOR
Name NIELAND, BRAD N.
Address ONE SUN LIFE EXECUTIVE PK
SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

Title INDEPENDENT DIRECTOR
Name COTTER, SANDRA M.
Address 201 TOWNSEND STREET
SUITE 900
City-State-Zip: LANSING MI 48933