

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005259

Entity Name: SUN LIFE FINANCIAL (U.S.) SERVICES COMPANY, INC.**Current Principal Place of Business:**ONE SUN LIFE EXECUTIVE PARK
SC 1135
WELLESLEY HILLS, MA 02481**Current Mailing Address:**ONE SUN LIFE EXECUTIVE PARK
SC 1135
WELLESLEY HILLS, MA 02481 US**FEI Number: 26-3730703****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name DECASTRO, KATHLEEN E.
Address ONE SUN LIFE EXECUTIVE PARK
 SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

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

Title VP, CONTROLLER
Name MONTIVERDI, VINCENT A.
Address ONE SUN LIFE EXECUTIVE PARK
 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 DIRECTOR
Name DAVIS, SCOTT M
Address ONE SUN LIFE EXECUTIVE PARK
 SC 1135
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****03/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date