

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002123

Entity Name: SUN LIFE ADMINISTRATORS (U.S.), 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:** 06-1435452**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 VP, TREASURER, DIRECTOR
Name MONTIVERDI, VINCENT A.
Address ONE SUN LIFE EXECUTIVE PARK
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 SENIOR VICE PRESIDENT, GROUP BENEFITS
Name HEALY, DAVID J.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title PRESIDENT AND DIRECTOR
Name BELIVEAU, SCOTT F.
Address ONE SUN LIFE EXECUTIVE PARK
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****03/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date