

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803146

FILED
Jan 21, 2011
Secretary of State

Entity Name: SUN LIFE ASSURANCE COMPANY OF CANADA

Current Principal Place of Business:

150 KING STREET WEST
TORONTO, ONTARIO, CANADA, -- M5H 1J9

New Principal Place of Business:

Current Mailing Address:

ONE SUN LIFE EXECUTIVE PARK
SC 2335
WELLESLEY HILLS, MA 02481 US

New Mailing Address:

FEI Number: 38-1082080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: STEWART, DONALD A
Address: 150 KING STREET WEST
City-St-Zip: TORONTO, CA

Title: SVP
Name: HEALY, DAVID J
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: SVCA
Name: MADGE, LARRY R
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VPS
Name: WILSON, JOAN M
Address: 150 KING STREET WEST
City-St-Zip: TORONTO, ONTARIO CANADA, M5H 1J9

Title: VPGC
Name: DAVIS, SCOTT M
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-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: MICHAEL S. BLOOM

AVP

01/21/2011

Electronic Signature of Signing Officer or Director

Date