


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 001 ***150.00

| | | |
|--|--|---|
| DOCUMENT # 828190 | |  |
| 1. Entity Name SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.) | | |

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|--|--|
| Principal Place of Business ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02181 US | Mailing Address ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02181 US |
|--|--|

60018950



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02152007 Chg-P CR2E034 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 04-2461439 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD PRIEUR, C. JAMES 150 KING STREET WEST TORONTO, ONTARIO, CN m5h1j9 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOGART, THOMAS A 150 KING STREET WEST TORONTO, ONTARIO, CN m5h1j9 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD CORSI, GARY ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD Friksen, Ronald H. One Sun Life Executive Park Wellesley Hills, MA 02481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KING, ELLEN B ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Bloom, Michael S. One Sun Life Executive Park Wellesley Hills, MA 02481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, DONALD A 150 KING STREET WEST TORONTO, ONTARIO, CN m5h1j9 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAD FAY, MARY M ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Michael S. Bloom** 2/16/2007 781-416-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60018950

828 190

Sun Life Assurance Company of Canada (U.S.)

| <u>Name</u> | <u>Title</u> | <u>Address</u> |
|-----------------------|---|--|
| Scott M. Davis | Director and Sr. Vice President and General Counsel | Sun Life Financial One Sun Life Executive Park Wellesley Hills, MA 02481 |
| Keith Gubbay | Sr. Vice President and Chief Actuary | Sun Life Financial One Sun Life Executive Park Wellesley Hills, MA 02481 |
| Richard Paul McKenney | Director | Sun Life Assurance Company of Canada 150 King St. West Toronto, Ontario M5H 1J9 |
| Robert C. Salipante | President and Director | Sun Life Financial One Sun Life Executive Park Wellesley Hills, MA 02481 |
| Michele G. Van Leer | Sr. Vice President and General Manager, Individual Insurance | Sun Life Financial One Sun Life Executive Park Wellesley Hills, MA 02481 |
| Janet V. Whitehouse | Sr. Vice President, Human Resources and Public Relations | Sun Life Financial One Sun Life Executive Park Wellesley Hills, MA 02481 |
| John R. Wright | Executive Vice President, SLF U.S. Operations | Sun Life Financial One Sun Life Executive Park Wellesley Hills, MA 02481 |