


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90027 041 \*\*\*150.00

<b>DOCUMENT # 836238</b>	
1. Entity Name <b>SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)</b>	

Principal Place of Business <b>175 ADDISON ROAD WINDSOR, CT 06095</b>	Mailing Address <b>175 ADDISON ROAD WINDSOR, CT 06095</b>
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40020684



2. Principal Place of Business - No P.O. Box # <b>One Sun Life Executive Pk. Suite, Apt. #, etc. SC 2335</b>	3. Mailing Address <b>One Sun Life Executive Pk. Suite, Apt. #, etc. SC 2335</b>
City & State <b>Wellesley Hills, MA</b>	City & State <b>Wellesley Hills, MA</b>
Zip <b>02481</b>	Country <b>USA</b>

01142008 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-0893662</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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	2/4/2008	781-416-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

40020684

Sun Life and Health Insurance Company (U.S.)  
Document #836238

Addition:

Keith Gubbay

V

One Sun Life Executive Park  
Wellesley Hills, MA 02481

Addition:

John R. Wright

V

One Sun Life Executive Park  
Wellesley Hills, MA 02481

Addition:

Michael E. Shunney

V/D

One Sun Life Executive Park  
Wellesley Hills, MA 02481