2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# F97000002123

Entity Name: SUN LIFE ADMINISTRATORS (U.S.), INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1435452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: SALIPANTE, ROBERT
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VTD ( ) Delete
Name: FRIESEN, RONALD H
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: S ( ) Delete
Name: BLOOM, MICHAEL S
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VD ( ) Delete
Name: DAVIS, SCOTT
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VD ( ) Delete
Name: WHITEHOUSE, JANET V
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VD (X) Delete
Name: SHUNNEY, MICHAEL E
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: FRIESEN, RONALD H
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VTD (X) Change ( ) Addition
Name: MORAN, MICHAEL K
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL S. BLOOM S 03/26/2009

Electronic Signature of Signing Officer or Director — Date