

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