


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-08-2008 90027 041 ***150.00

DOCUMENT # 836238

1. Entity Name
SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)



Principal Place of Business Mailing Address

175 ADDISON ROAD **175 ADDISON ROAD**
WINDSOR, CT 06095 **WINDSOR, CT 06095**

40020684



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

One Sun Life Executive Pk. **One Sun Life Executive Pk.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SC 2335 **SC 2335**

01142008 Chg-P CR2E034 (12/06)

City & State City & State

Wellesley Hills, MA **Wellesley Hills, MA**

Zip Country Zip Country

02481 **USA** **02481** **USA**

4. FEI Number Applied For

06-0893662 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	RIPLLEY, GEORGE W III	
STREET ADDRESS	175 ADDISON ROAD	
CITY-ST-ZIP	WINDSOR, CT 06095	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRIZZIA, GARY T	
STREET ADDRESS	6620 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND, VA 23230	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUDDLE, JAMES	
STREET ADDRESS	6604 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND, VA 23220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOCH, SUZANNE M	
STREET ADDRESS	175 ADDISON ROAD	
CITY-ST-ZIP	WINDSOR, CT 06095	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSES, VIC	
STREET ADDRESS	6620 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND, VA 23230	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JOEL D	
STREET ADDRESS	175 ADDISON ROAD	
CITY-ST-ZIP	WINDSOR, CT 06095	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	Change	<input checked="" type="checkbox"/> Addition
NAME	Robert C. Salipante		
STREET ADDRESS	One Sun Life Executive Park		
CITY-ST-ZIP	Wellesley Hills, MA 02481		
TITLE	V/T/D	Change	<input checked="" type="checkbox"/> Addition
NAME	Ronald H. Friesen		
STREET ADDRESS	One Sun Life Executive Park		
CITY-ST-ZIP	Wellesley Hills, MA 02481		
TITLE	V	Change	<input checked="" type="checkbox"/> Addition
NAME	James M.A. Anderson		
STREET ADDRESS	150 King St. West		
CITY-ST-ZIP	Toronto, Ontario, Canada M5H 1J9		
TITLE	S	Change	<input checked="" type="checkbox"/> Addition
NAME	Michael S. Bloom		
STREET ADDRESS	One Sun Life Executive Park		
CITY-ST-ZIP	Wellesley Hills, MA 02481		
TITLE	V/D	Change	<input checked="" type="checkbox"/> Addition
NAME	Scott M. Davis		
STREET ADDRESS	One Sun Life Executive Park		
CITY-ST-ZIP	Wellesley Hills, MA 02481		
TITLE	V/D	Change	<input checked="" type="checkbox"/> Addition
NAME	Janet V. Whitehouse		
STREET ADDRESS	One Sun Life Executive Park		
CITY-ST-ZIP	Wellesley Hills, MA 02481		

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