2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836238

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

FILED Mar 13, 2018 **Secretary of State** CC0591480964

Current Principal Place of Business:

ONE SUN LIFE EXECUTIVE PK

SC 1135

WELLESLEY HILLS, MA 02481

Current Mailing Address:

ONE SUN LIFE EXECUTIVE PK

SC 1135

WELLESLEY HILLS, MA 02481 US

FEI Number: 06-0893662 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E. GAINES STREET TALLAHASSEE, FL 32399-0000 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:

City-State-Zip:

Name

Officer/Director Detail:

PRESIDENT AND CHAIRMAN, Title Title SECRETARY

DIRECTOR

Name KALLAS, COLLEEN L. Name HEALY, DAVID J.

Address 2323 GRAND BOULEVARD Address ONE SUN LIFE EXECUTIVE PK

SC 1135

WELLESLEY HILLS MA 02481 Title CHIEF INVESTMENT OFFICER

City-State-Zip:

Address

KANSAS CITY MO 64108

NELSON-DUEY, DONNA J.

ONE SUN LIFE EXECUTIVE PARK

Title SENIOR VICE PRESIDENT, GENERAL Name BROWN, RANDOLPH B.

COUNSEL, DIRECTOR

DAVIS, SCOTT M City-State-Zip: WELLESLEY HILLS MA 02481

Address ONE SUN LIFE EXECUTIVE PARK

Title VP AND CHIEF INFORMATION City-State-Zip: WELLESLEY HILLS MA 02481

OFFICER

Name

Title VP AND CHIEF ACTUARY ONE SUN LIFE EXECUTIVE PK LILLEY, MEREDITH A. Address Name

SC 1135 Address

ONE SUN LIFE EXECUTIVE PK City-State-Zip:

WELLESLEY HILLS MA 02481 SC 1135

WELLESLEY HILLS MA 02481 City-State-Zip: Title SVP, CFO, TREASURER, DIRECTOR

Name HAYNES, NEIL L. Title VP, MARKETING

ONE SUN LIFE EXECUTIVE PARK Address Name MILANO. EDMUND F.

City-State-Zip: WELLESLEY HILLS MA 02481 ONE SUN LIFE EXECUTIVE PARK Address

WELLESLEY HILLS MA 02481 City-State-Zip:

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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.

03/13/2018 SIGNATURE: COLLEEN L. KALLAS SECRETARY

Date

Officer/Director Detail Continued:

Title SVP, NATIONAL ACCOUNTS

Name KRZEMINSKI, KEVIN P.

Address ONE SUN LIFE EXECUTIVE PK

SC 1135

City-State-Zip: WELLESLEY HILLS MA 02481

Title HEAD OF HUMAN RESOURCES

Name DECASTRO, KATHLEEN E.

Address ONE SUN LIFE EXECUTIVE PK

SC 1135

City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF RISK OFFICER

Name O'NEILL, JULIA E.

Address ONE SUN LIFE EXECUTIVE PK

SC 1135

City-State-Zip: WELLESLEY HILLS MA 02481

Title SVP, STOP LOSS AND HEALTH,

DIRECTOR

Name NIELAND, BRAD N.

Address ONE SUN LIFE EXECUTIVE PK

SC 1135

City-State-Zip: WELLESLEY HILLS MA 02481

Title INDEPENDENT DIRECTOR

Name COTTER, SANDRA M.

Address 201 TOWNSEND STREET

SUITE 900

City-State-Zip: LANSING MI 48933