2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836238

FILED
Apr 05, 2023
Secretary of State
7309781683CC

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

Current Principal Place of Business:

96 WORCESTER ST
SC 3093
WELLESLEY HILLS, MA 02481

Current Mailing Address:

96 WORCESTER ST
SC 3093
WELLESLEY HILLS, MA 02481 US

FEI Number: 06-0893662

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT AND CHAIRMAN, DIRECTOR
Name	HEALY, DAVID J.
Address	96 WORCESTER ST
City-State-Zip:	WELLESLEY HILLS MA 02481

Title	SENIOR VICE PRESIDENT, GENERAL COUNSEL, DIRECTOR
Name	DAVIS, SCOTT M
Address	96 WORCESTER ST
City-State-Zip:	WELLESLEY HILLS MA 02481

Title	INDEPENDENT DIRECTOR
Name	KISSEL, COURTNEY
Address	201 TOWNSEND STREET SUITE 900
City-State-Zip:	LANSING MI 48933

Title	VP, CHIEF ACTUARY AND CHIEF RISK OFFICER
Name	SHILLER, RENEE S
Address	96 WORCESTER ST SC 3093
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	SVP, CFO, TREASURER, DIRECTOR
Name	HAYNES, NEIL L.
Address	96 WORCESTER ST SC 3093
City-State-Zip:	WELLESLEY HILLS MA 02481

Title	SVP, STOP HEALTH AND RISK SOLUTIONS AND DIRECTOR
Name	COLLIER, JENNIFER E.
Address	96 WORCESTER ST SC 3093
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 — 04/05/2023

Electronic Signature of Signing Officer/Director Detail — Date