2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836238

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

FILED Apr 02, 2024 **Secretary of State** 6624273874CC

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:

PRESIDENT AND CHAIRMAN, Title

DIRECTOR

Name HEALY, DAVID J.

Address 96 WORCESTER ST

City-State-Zip: WELLESLEY HILLS MA 02481

Title SENIOR VICE PRESIDENT, GENERAL

COUNSEL, DIRECTOR DAVIS, SCOTT M

Name

Address 96 WORCESTER ST

WELLESLEY HILLS MA 02481 City-State-Zip:

Title INDEPENDENT DIRECTOR

KISSEL, COURTNEY Name

Address 201 TOWNSEND STREET

SUITE 900

City-State-Zip: LANSING MI 48933

Title SVP, CHIEF ACTUARY AND CHIEF

RISK OFFICER

Name OSBORNE, SARAH 96 WORCESTER ST Address

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.

96 WORCESTER ST Address

SC 3093

WELLESLEY HILLS MA 02481 City-State-Zip:

SVP, HEALTH AND RISK SOLUTIONS Title

AND DIRECTOR

COLLIER, JENNIFER E. Name

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.

04/02/2024 SIGNATURE: COLLEEN L KALLAS SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date