

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000002123

**Entity Name:** SUN LIFE ADMINISTRATORS (U.S.), INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC7736175651**

**Current Principal Place of Business:**

ONE SUN LIFE EXECUTIVE PARK  
SC 2335  
WELLESLEY HILLS, MA 02481

**Current Mailing Address:**

ONE SUN LIFE EXECUTIVE PARK  
SC 2335  
WELLESLEY HILLS, MA 02481

**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 VPTD  
Name MONTIVERDI, VINCENT A.  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title S  
Name ANSELLO, KERRI R  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, BENEFITS, DIRECTOR, & CHAIRMAN  
Name SCHOCH, SUZANNE M  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title VGCD  
Name DAVIS, SCOTT M  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESEY HILLS MA 02481

Title DIRECTOR  
Name KLEIN, ROBERT E. JR.  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title SENIOR VICE PRESIDENT, CLIENT & TECHNOLOGY SERVICES  
Name HEALY, DAVID J.  
Address ONE SUN LIFE EXECUTIVE PARK  
City-State-Zip: WELLESLEY HILLS MA 02481

Title 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: KERRI R. ANSELLO**

**SECRETARY**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date