

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213540502

1.) CORPORATION NAME:

**Sun Life and Health Insurance Company (U.S.)**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0370611**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE SUN LIFE EXECUTIVE PARK

CITY/ST/ZIP: WELLESLEY HILLS, MA 02481

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT M DAVIS		
TITLE:	SR VP/GC		
ADDRESS:	ONE SUN LIFE EXECUTIVE PARK		
CITY/ST/ZIP/CO:	WELLESLEY HILLS, MA 02481		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEITH GUBBAY		
TITLE:	SR VP/CFO/T		
ADDRESS:	ONE SUN LIFE EXECUTIVE PARK		
CITY/ST/ZIP/CO:	WELLESLEY HILLS, MA 02481		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	AMY R. GORHAM		
TITLE:	VP/CHF ACTUARY		
ADDRESS:	ONE SUN LIFE EXECUTIVE PARK		
CITY/ST/ZIP/CO:	WELLESLEY HILLS, MA 02481		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID J. HEALY		
TITLE:	SR VP, TECH SER		
ADDRESS:	ONE SUN LIFE EXECUTIVE PARK		
CITY/ST/ZIP/CO:	WELLESLEY HILLS, MA 02481		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KERRI R. ANSELLO		
TITLE:	SECRETARY		
ADDRESS:	ONE SUN LIFE EXECUTIVE PARK		
CITY/ST/ZIP/CO:	WELLESLEY HILLS, MA 02481		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN C. PEACHER		
TITLE:	EVP & CFO		
ADDRESS:	ONE SUN LIFE EXECUTIVE PARK		
CITY/ST/ZIP/CO:	WELLESLEY HILLS, MA 02481		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J. QUINN DIRECTOR ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE M. SCHOCH DIRECTOR ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. KLEIN, JR. PRESIDENT ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. KLEIN, JR. CHAIRMAN ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY J. MULLEN SVP, DIST. ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDMUND F. MILANO VP, MARKETING ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KERRI R. ANSELLO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KERRI R. ANSELLO, SECRETARY PRINTED NAME AND CORPORATE TITLE		8/29/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			