FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	1 1		O	RGANIZ	AHO	N						
				(See instruc	tions)				Of	fice use only		
1. NAME OF COMMIT	= TEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	1	2FE4N	<i>1</i> 15			
SUN LIF	Ę ĄS	SURAN	CE COMPA	NY OF CANA	DA (US)	PAC		11	ш		11	ш
									ш			لبب
ADDRESS (nu	mber an	d street)	201 T	ownsend Stre	et LLL			11	ш		1.1	لبيا
(Check i	f addre	ss	Suite	900			1 1 1	11	ш	111	1 1	ш
is chang	jed)		Lans	ing 			JL	ΜI	Ц	4893	3	لـــــا
					CITY		ST	ATE 		ZIP	CODE	•
COMMITTEE'	S E-M	AIL ADDR	ESS (Please	provide only one	e-mail addr	ress)						
(Check i		ss	rmoo	re@dykema.c	om				ш			لـــــا
	,,								ш			لبب
COMMITTEE' (Check i is change)	if addre		DDRESS (UI	RL)		11111	1 1 1	1 1		_	1 1	
2. DATE	м 1	м 2	15 / Y	2010								
3. FEC IDEI	NTIFIC	ATION N	JMBER		C COO	0419333						
4. IS THIS S	STATE	MENT	NEW	(N) OR	X	AMENDED (A	A)					
I certify that I ha	ve exa	mined this	Statement and	to the best of my k	nowledge ar	nd belief it is true, corre	ect and co	mplete				
Type or Print N	Name o	of Treasure	er R	enae Moore								
Signature of T	reasur	_{er} El <u>ec</u>	tronically Filed	by Renae N	loore		. Dat	e N	1 2 /	D 2 1	/ Y I	^Y 2 0 1 0 Y
NOTE: Submiss	sion of	false, erron				the person signing this				of 2 U.S.C	. §437g.	
Offi Us On	e					For further informa Federal Election Cor Toll Free 800-424-9: Local 202-694-1100	mmission 530	act:		FEC F	ORN d 02/2009	

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5.			OMMITTEE (Check One) Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
			Corporation Corporation w/o Capital Stock Lal	oor Organization
			Membership Organization Trade Association Co	poperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
_	laint F	F m al wa		
		runara	ising Representative:	
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number C	
			EEC ID number	

6.

7.

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W	Vrite or Type Committee Name			
	SUN LIFE ASSURANC	E COMPANY OF CANADA (US) PAC		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor
	Sun Life Assurance Co	mpany of Canada (U.S.)		
	Mailing Address	One Sun Life Executiv	ve Park	
		Wellesley Hills	_MA	02481
		CITY	STATE A	ZIP CODE
	Relationship: X Connected Organization	n Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: lopossession of Committee	dentify by name, address, (phone num	ber optional), and position	of the person in
	Full Name Rena	e Moore		
	Mailing Address	201 Townsend Street		
		Suite 900		
		Lansing	MI	48933
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Asst Tre	as/Recordkee	Telephone number51	<u> </u>

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Daniel C. Bryant			
Mailing Address		SC 1335-Law Dept		
		One Sun Life Executive Park		
		Wellesley Hills	<u>MA</u>	02481
Title or Position ▼		CITY A	STATE	ZIP CODE A

Treasurer	Telephone number	401	_ 294 _	7015
			-	

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Full Name of Designated Agent	Renae Moore		
Mailing Address	201 Townsend Street		
	Suite 900		
	Lansing		48933 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Asst Tre	eas/Recordkee Teleph	none number	_ 374 _ 9121
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