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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Disability Reinsurance Management Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer S. Riggle 500003210215--9
-04/17/00-0109--027
*****87.50 *****87.50
(Name of Person)

Germani & Riggle, LLC
(Firm/Company)

Four Milk Street 900003212909--1
-04/18/00-01079--007
*****87.50 *****87.50
(Address)

Portland, ME 04101
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jennifer S. Riggle at (207) 773-7455
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FL 32314
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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

4/19

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Disability Reinsurance Management Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 01-048386
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/1/92 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/99 - see attached explanation
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 178 Middle Street, Suite 200
Portland, ME 04101
(Current mailing address)

8. Disability insurance management
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Amy Berletti AMY BERTELETTI
(Registered agent's signature) SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

Florida
Application for Authority to Do Business
Attachment for Question # 6

The applicant executed a contract with an insurer licensed to do business in Florida, effective January 1, 1999. At that time, it was anticipated that the applicant would undertake claims adjusting of disability health claims, if any were asserted, by Florida enrollees in that insurer's disability health plan. Two claims are now open, both of which were filed in June of 1999.

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TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable),

Chairman: See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See attached list

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael D. Lachance
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael D. Lachance, President
(Typed or printed name and capacity of person signing application)

DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

Officers and Directors

President and Managing Director:

Michael D. Lachance
Business Address:
Disability RMS
178 Middle St, Suite 200
Portland, ME 04101

Home Address:
8 Schooner Ridge Road
Cumberland, ME 04110

Vice President and Director:

George C. Carpenter IV
Business Address:
CORE, INC.
18881 Von Karman Avenue, Suite 1750
Irvine, CA 92612

Home Address:
19 Cardiff
Laguna Nigel, CA 92677

Vice President and Director:

Craig C. Horton
Business Address:
CORE, INC.
18881 Von Karman Avenue, Suite 1750
Irvine, CA 92612

Home Address:
731 S. Longwood Avenue
Los Angeles, CA 90005

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Secretary and Managing Director:

Lisa O. Hansen
Business Address:
Disability RMS
178 Middle St, Suite 200
Portland, ME 04101

Home Address:
429 Old Ocean House Road
Cape Elizabeth, ME 04107

Assistant Secretary and Director:

William E. Nixon
Business Address:
CORE, INC.
18881 Von Karman Avenue, Suite 1750
Irvine, CA 92612

Home Address:
22 Anacapri
Laguna Nigel, CA 92677

Treasurer and Managing Director:

James T. Fallon
Business Address:
Disability RMS
178 Middle St, Suite 200
Portland, ME 04101

Home Address:
35 Essex Drive
Yarmouth, ME 04096

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DISABILITY REINSURANCE MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2000.

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00 MAR 18 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE: 0352114

03-30-00