

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90052 041 \*\*\*150.00

**DOCUMENT # F00000002164**

1. Entity Name  
**DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>178 MIDDLE STREET, STE 200<br>PORTLAND ME 04101 | Mailing Address<br>178 MIDDLE STREET, STE 200<br>PORTLAND ME 04101 |
|--|--|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0483086**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

|  |           |          |
|--|-----------|----------|
| Name   |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City   | <b>FL</b> | Zip Code |

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LACHANCE, MICHAEL D</b>                | NAME  |   |
| STREET ADDRESS             | <b>175 MIDDLE ST., STE 200</b>            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>PORTLAND ME</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CARPENTER IV, GEORGE C</b>             | NAME  |   |
| STREET ADDRESS             | <b>18881 VON KARMAN AVE., STE 1750</b>    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>IRVINE CA</b>                          | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HORTON, CRAIG C</b>                    | NAME  |   |
| STREET ADDRESS             | <b>18881 VON KARMAN AVE., STE 1750</b>    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>IRVINE CA</b>                          | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Lachance  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)