

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90075 018 ***150.00

DOCUMENT # F00000002164
 1. Entity Name
DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
178 MIDDLE STREET, STE 200 **178 MIDDLE STREET, STE 200**
PORTLAND ME 04101 **PORTLAND ME 04101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01-0483086		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

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		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD ¹⁷⁸ Co-President	<input type="checkbox"/> Delete	TITLE	Co-President + Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LACHANCE, MICHAEL D		NAME	Fallon, James T.			
STREET ADDRESS	178 MIDDLE ST., STE 200		STREET ADDRESS	178 Middle St, suite 200			
CITY-ST-ZIP	PORTLAND ME		CITY-ST-ZIP	Portland, ME 04101			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary and Vice Pres.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARPENTER IV, GEORGE C		NAME	Bernstein, Andrew J., Esq.			
STREET ADDRESS	18881 VON KARMAN AVE., STE 1750		STREET ADDRESS	178 Middle Street			
CITY-ST-ZIP	IRVINE CA		CITY-ST-ZIP	Portland, ME 04101			
TITLE	VD Exec Vice President	<input type="checkbox"/> Delete	TITLE	CFO, VP and Treas	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HORTON, CRAIG C		NAME	Karolin, Dennis			
STREET ADDRESS	18881 VON KARMAN AVE., STE 1750		STREET ADDRESS	178 Middle St			
CITY-ST-ZIP	IRVINE CA		CITY-ST-ZIP	Portland, ME 04101			
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President of Claims	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Kathleen M. Serunian			
STREET ADDRESS			STREET ADDRESS	178 Middle St.			
CITY-ST-ZIP			CITY-ST-ZIP	Portland, ME 04101			
TITLE		<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Stephen M. Kane, Esq.			
STREET ADDRESS			STREET ADDRESS	Rich May, A Professional Corp.			
CITY-ST-ZIP			CITY-ST-ZIP	170 Federal Street			
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: SIGNATURE REQUIRED / CFO / TRCLAS, 5/16/02 Date: 2007-321-3076
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #