


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90078 028 ***150.00

DOCUMENT # F00000002164

1. Entity Name
DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.



Principal Place of Business
**ONE RIVERFRONT PLAZA
 WESTBROOK, ME 04092**

Mailing Address
**178 MIDDLE STREET, STE 200
 PORTLAND, ME 04101**

20016723



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
One Riverfront Plaza
 Suite, Apt. #, etc.

02162005 Chg-P CR2E034 (10/03)

City & State
Westbrook, Maine

Zip Country
04092

4. FEI Number
01-0483086

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN S	
STREET ADDRESS	ONE RIVERFRONT PLAZA	
CITY-ST-ZIP	WESTBROOK, ME 04092	
TITLE	CFOV	<input checked="" type="checkbox"/> Delete
NAME	TARBELL, CHARLES	
STREET ADDRESS	ONE RIVERFRONT PLAZA	
CITY-ST-ZIP	WESTBROOK, ME 04092	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	SERUNIAN, KATHLEEN M.	
STREET ADDRESS	ONE RIVERFRONT PLAZA	
CITY-ST-ZIP	WESTBROOK, ME 04092	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ANDREW J ESQ	
STREET ADDRESS	178 MIDDLE STREET	
CITY-ST-ZIP	PORTLAND, ME 04101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen M. Kane	
STREET ADDRESS	176 Federal Street	
CITY-ST-ZIP	Boston, MA 02210-2223	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacia Almgvist	
STREET ADDRESS	2323 Grand Blvd.	
CITY-ST-ZIP	Kansas City, MO 64108-2670	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information applied 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 Date *(207)591-3265* Daytime Phone #