

F00000002164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

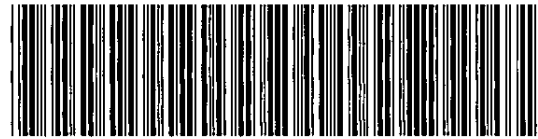
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*R.A. Charge*  
C.COULLETTE

APR 01 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR - 1 PM 12:00



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 942785 153113A

AUTHORIZATION :

COST LIMIT : \$ 38,000

*[Handwritten signature]*

ORDER DATE : March 31, 2009

ORDER TIME : 10:26 AM

ORDER NO. : 942785-020

CUSTOMER NO: 153113A

CHANGE OF AGENT

NAME: DISABILITY REINSURANCE  
MANAGEMENT SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.
2. The principal office address: One Riverfront Plaza, Westbrook, ME 04092
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/18/2000 Document number: F00000002164
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

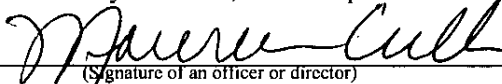
(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Maureen Cullen, Attorney in Fact

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: 

(Signature of Registered Agent)

March 27, 2009

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant VP

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314