

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002164

FILED
Apr 14, 2011
Secretary of State

Entity Name: DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

ONE RIVERFRONT PLAZA
WESTBROOK, ME 04092

New Principal Place of Business:

Current Mailing Address:

ONE RIVERFRONT PLAZA
WESTBROOK, ME 04092

New Mailing Address:

FEI Number: 01-0483086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GILLIGAN, MATTHEW
Address: ONE RIVERFRONT PLAZA
City-St-Zip: WESTBROOK, ME 04092

Title: SEC
Name: BOWEN, KENNETH D
Address: 2323 GRAND BLVD.
City-St-Zip: KANSAS CITY, MO 64108

Title: TREA
Name: GOERKE, AMY
Address: 2323 GRAND BLVD.
City-St-Zip: KANSAS CITY, MO 64108

Title: VPC
Name: SERUNIAN, KATHLEEN
Address: ONE RIVERFRONT PLAZA
City-St-Zip: WESTBROOK, ME 04092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW K. GILLIGAN

PRES

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date