

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F00000002164

1. Entity Name
DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM 1:49

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

Mailing Address
178 MIDDLE STREET, STE 200
PORTLAND ME 04101



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07/07/03 11:06:41 AM
CHECK HERE IF MAKING CHANGES

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACHANCE, MICHAEL D 175 MIDDLE ST., STE 200 PORTLAND ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD FALLON, JAMES T 178 MIDDLE ST STE 200 PORTLAND ME 04101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORTON, CRAIG C 18881 VON KARMAN AVE., STE 1750 IRVINE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BERNSTEIN, ANDREW J ESQ 178 MIDDLE STREET PORTLAND ME 04101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV CAROLIN, DENNIS 178 MIDDLE ST PORTLAND ME 04101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SERUNIAN, KATHLEEN M 178 MIDDLE ST PORTLAND ME 04101	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director Lachance, Michael D. 178 Middle St., Suite 200 Portland, ME 04101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director + Exec. VP John S. Roberts 178 Middle St., Suite 200 Portland, ME 04101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Stephen M. Kane, Esq. 176 Federal St. Boston, MA 02210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andrus, Mark A. Fortis Benefits Ins. Co. 2323 Grand Blvd. Kansas City, MO 64108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Desky, Drew Fortis, Inc. One Chase Manhattan Plaza, 41st flr. New York, NY 10005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pollock, Robert B. Fortis, Inc. One Chase Manhattan Plaza, 41st flr. New York, NY 10005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED V.P. / CFO Date: 6/13/03 Daytime Phone #: 321-3576

CR2E034 (10/02)