

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2014
Secretary of State
CC7029029773

Entity Name: DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

ONE RIVERFRONT PLAZA
WESTBROOK, ME 04092

Current Mailing Address:

ONE RIVERFRONT PLAZA
WESTBROOK, ME 04092

FEI Number: 01-0483086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

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

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

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

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

Title VP
Name TIERNEY, KEVIN G
Address ONE RIVERFRONT PLAZA
City-State-Zip: WESTBROOK ME 04092

Title DIR
Name ROBERTS, JOHN
Address ONE RIVERFRONT PLAZA
City-State-Zip: WESTBOOK 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

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date