

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 04, 2024
Secretary of State
7974361880CC

Entity Name: DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

110 THAMES STREET
PORTLAND, ME 04101

Current Mailing Address:

PO BOX 9757
PORTLAND, ME 04104 US

FEI Number: 01-0483086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	SECRETARY, OFFICER	Title	TREASURER, OFFICER, DIRECTOR
Name	KALLAS, COLLEEN L	Name	WORMUTH, LAURA M
Address	2323 GRAND BOULEVARD	Address	96 WORCESTER STREET
City-State-Zip:	KANSAS CITY MO 64108	City-State-Zip:	WELLESLEY HILLS MA 02481
Title	VICE PRESIDENT, OFFICER	Title	VICE PRESIDENT, OFFICER
Name	SERUNIAN, KATHLEEN M	Name	DHAMO, ARBËR
Address	110 THAMES STREET	Address	110 THAMES STREET
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	PORTLAND ME 04101
Title	VICE PRESIDENT, OFFICER	Title	DIRECTOR
Name	THOMPSON, AMY P	Name	DAVIS, SCOTT M
Address	110 THAMES STREET	Address	96 WORCESTER STREET
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	WELLESLEY HILLS MA 02481
Title	PRESIDENT, OFFICER, DIRECTOR	Title	DIRECTOR
Name	HOUSE, GABRIEL D	Name	HAYNES, NEIL L
Address	110 THAMES STREET	Address	96 WORCESTER STREET
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	WELLESLEY HILLS MA 02481

Continues on page 2

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: GABRIEL D. HOUSE

PRESIDENT

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT, ASSOCIATE GENERAL
COUNSEL, ASSISTANT SECRETARY, OFFICER
Name MCCORMICK, MICHELE V
Address 110 THAMES STREET
City-State-Zip: PORTLAND ME 04101

Title VICE PRESIDENT, OFFICER
Name AUSTIN, CHRISTOPHER D
Address 110 THAMES STREET
City-State-Zip: PORTLAND ME 04101