

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002164

FILED
Apr 16, 2018
Secretary of State
CC8023958162

Entity Name: DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

300 SOUTHBOROUGH DRIVE
SUITE 200
SOUTH PORTLAND, ME 04106-6914

Current Mailing Address:

300 SOUTHBOROUGH DRIVE
SUITE 200
SOUTH PORTLAND, ME 04106-6914 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 PRESIDENT, DIRECTOR
Name TIERNEY, KEVIN G
Address 300 SOUTHBOROUGH DRIVE
 SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106-6914

Title SECRETARY, OFFICER
Name KALLAS, COLLEEN L
Address 2323 GRAND BOULEVARD
City-State-Zip: KANSAS CITY MO 64108

Title TREASURER, DIRECTOR
Name WORMUTH, LAURA M
Address 1 SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VICE PRESIDENT, OFFICER
Name SERUNIAN, KATHLEEN M
Address 300 SOUTHBOROUGH DRIVE
 SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106

Title VICE PRESIDENT, OFFICER
Name HECKEL, THOMAS J
Address 300 SOUTHBOROUGH DRIVE
 SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106

Title VICE PRESIDENT, OFFICER
Name THOMPSON, AMY P
Address 300 SOUTHBOROUGH DRIVE
 SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106

Title DIRECTOR
Name DAVIS, SCOTT M
Address 1 SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VICE PRESIDENT, OFFICER
Name HOUSE, GABRIEL D
Address 300 SOUTHBOROUGH DRIVE
 SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106

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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: KATHLEEN M. SERUNIAN

VICE PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAYNES, NEIL L
Address 1 SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, GENERAL COUNSEL, ASST. SECRETARY,
OFFICER
Name MCCORMICK, MICHELE
Address 300 SOUTHBOROUGH DRIVE
SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106-6914

Title DIRECTOR
Name BELIVEAU, SCOTT F
Address 1 SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, OFFICER
Name AUSTIN, CHRISTOPHER
Address 300 SOUTHBOROUGH DRIVE
SUITE 200
City-State-Zip: SOUTH PORTLAND ME 04106-6914