2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002164

Entity Name: DISABILITY REINSURANCE MANAGEMENT SERVICES, INC.

FILED Apr 25, 2016 Secretary of State CC1824801484

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: Yes

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:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY, OFFICER Name GILLIGAN, MATTHEW K Name ANSELLO, KERRI R

300 SOUTHBOROUGH DRIVE 1 SUN LIFE EXECUTIVE PARK Address Address

SUITE 200

City-State-Zip: WELLESLEY HILLS MA 02481 City-State-Zip: SOUTH PORTLAND ME 04106-6914

VICE PRESIDENT, OFFICER Title TREASURER, DIRECTOR Name SERUNIAN, KATHLEEN M Name GOERKE, AMY 300 SOUTHBOROUGH DRIVE Address

Address 2323 GRAND BLVD. SUITE 200

City-State-Zip: SOUTH PORTLAND ME 04106 City-State-Zip: KANSAS CITY MO 64108

VICE PRESIDENT, DIRECTOR Title VICE PRESIDENT, OFFICER Title

Name THOMPSON, AMY P TIERNEY, KEVIN G Name

300 SOUTHBOROUGH DRIVE Address 300 SOUTHBOROUGH DRIVE Address

SUITE 200 SUITE 200

SOUTH PORTLAND ME 04106 City-State-Zip: SOUTH PORTLAND ME 04106 City-State-Zip:

Title VICE PRESIDENT, OFFICER Title VICE PRESIDENT, OFFICER

PHILBRICK, LISA D HECKEL, THOMAS J Name Name

300 SOUTHBOROUGH DRIVE Address 300 SOUTHBOROUGH DRIVE Address

SUITE 200 SUITE 200

SOUTH PORTLAND ME 04106 City-State-Zip: 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, 04/25/2016 **OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VICE PRESIDENT, GENERAL COUNSEL, ASST.

SECRETARY, OFFICER

Name TIERNEY, KEVIN J

Address 300 SOUTHBOROUGH DRIVE

SUITE 200

City-State-Zip: SOUTH PORTLAND ME 04106

Title VICE PRESIDENT, OFFICER

Name HOUSE, GABRIEL D

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 MA 02481

Title DIRECTOR

Name FISHBEIN, DANIEL R

Address 1 SUN LIFE EXECUTIVE PARK

City-State-Zip: WELLESLEY MA 02481