


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90217 002 \*\*\*150.00

**DOCUMENT # F98000004748**

1. Entity Name  
**INTEGRATED DISABILITY RESOURCES, INC.**



Principal Place of Business  
**320 W. NEWBERRY  
 BLOOMFIELD, CT 06002**

Mailing Address  
**320 W. NEWBERRY  
 BLOOMFIELD, CT 06002**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number  
**06-1470184**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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	VP FORAN, THOMAS 127 GREAT POND RD SIMSBURY, CT 06070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIXA, DAVID 222 FARMS VILLAGE RD. WEST SIMSBURY, CT 06092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANFIELD, DON 521 SOUTH LANE GRANVILLE, MA 01034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBOIS, LYNN 26 SMITH LANE BURLINGTON, CT 06013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YOSUA, FRED 10 MCKENNEY POINT RD. CHEBEAGUE ISLAND, ME 04017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Actuary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yosua, Fred 10 mckenney Pt. Rd. Chebeague Island, ME 04017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:** \_\_\_\_\_ **4-21-04** **860-616-4006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

# F9802004 748

Officers - Integrated Disability Resources, Inc.

NAME	TITLE	BUSINESS ADDRESS	RESIDENCE ADDRESS
John Wiggin	President, CEO and Treasurer	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	6 Fawnbrook Lane Simsbury, CT 06070
David Nixa	Vice President, Operations and Administration Secretary	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	222 Farms Village Rd. West Simsbury, CT 06092
Donald Garfield	Vice President, Underwriting	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	521 South Lane Granville, MA 01034
Lynn Dubois	Vice President, Claims and Services	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	26 Smith Lane Burlington, CT 06013
Thomas Foran	Vice President, Marketing	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	127 Great Pond Road Simsbury, CT 06070
Fred Yosua	Chief Actuary	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	10 McKenney Point Road Cape Elizabeth, ME 04017
Paul Fields	Chief Reinsurance Officer Chief Financial Officer	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	388 Cape Road Hollis Center, ME 04042

Attachment

# F98000004748

Board of Directors - Integrated Disability Resources, Inc.			
NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS	
John Wiggin	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	6 Fawnbrook Lane Simsbury, CT 06070	
Donald Carfield	Integrated Disability Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	521 South Lane Granville, MA 01034	
Paul Roughan	Integrated Disability Resources, Inc. 10 Wright Street, Suite 210 Westport, CT 06880	160 Skunk Lane Wilton, CT 06897	
Anthony J. Dowd	Charter Oak Capital Partners, LLP 10 Wright St., Suite 210 Westport, CT 06880	11 Old Tavern Road Newtown, CT 06470	
Michael McSally	One Beacon Insurance Company 707 Sable Oaks Drive South Portland, ME 04106-3279	11 Spruce Lane Cumberland Foreside, ME 04110	
Kin Gee	Savont Corporation 3 Harding Lane Rumson, NJ	3 Harding Lane Rumson, NJ	