

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 047 ***150.00

00000004



01052006 Chg-P CR2E034 (11/05)

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Mark Murphy</i> <i>320 W. Newberry Rd.</i> <i>Bloomfield, CT 06002</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NOTO, JOE 106 WINDWARD PLAZA SOUTHINGTON, CT 06489 <input checked="" 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 checked="" 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	CA YOSUA, FRED 10 MCKENNEY POINT RD. CHEBEAGUE ISLAND, ME 04017 <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 FIELDS, PAUL 3888 CAPE ROAD HOLLIS CENTER, ME 04042 <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 exemptions contained in Chapter 119, 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: <i>Mark Murphy</i> Mark Murphy		Date: <i>1/18/06</i>	Daytime Phone #: <i>(860) 616-4039</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

60005504
#F98000004748

Officers - Integrated DisAbility Resources, Inc.		
NAME	TITLE	BUSINESS ADDRESS
Bryceon Sumner	President, CEO and Treasurer	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
David Babino	Vice President, Sales	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Mark Murphy	Secretary	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Thomas Foran	Vice President, Underwriting	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Fred Yosua	Chief Actuary Chief Information Officer Vice President	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002
Paul Fields	Chief Reinsurance Officer Chief Financial Officer Vice President	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002

ATTACHMENT

60005504
 #F98000004748

Board of Directors - Integrated DisAbility Resources, Inc.		
NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS
David Babino	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	
Paul Fields	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	388 Cape Road Hollis Center, ME 04042
	Integrated DisAbility Resources, Inc. 320 West Newberry Road Bloomfield, CT 06002	
Julie Jensen	Pinnacle TPA Services, LLC 6500 N. Beltline Road, Suite 170 Irving, TX 75063	6220 Garnett Drive Chevy Chase, MD 20815
Lou Anne Jensen	Pinnacle TPA Services, LLC 6500 N. Beltline Road, Suite 170 Irving, TX 75063	7802 Leesburg Drive Colleyville, TX 76034
Bryceon Sumner	Pinnacle TPA Services, LLC 6500 N. Beltline Road, Suite 170 Irving, TX 75063	4807 Alta Vista Drive Dallas, TX, 75229