2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

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Entity Name: DISABILITY INSURANCE SPECIALISTS, LLC

Current Principal Place of Business:

1297-A BLUE HILLS AVE.
BLOOMFIELD, CT 06002

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25
1297A BLUE HILLS AVE.
BLOOMFIELD, CT 06002

New Mailing Address:

FEI Number: 06-1466211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACIFIC REGISTERED AGENTS, INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BOSSI JR, WILLIAM J
Address: 120 KIMBERLY RD
City-St-Zip: EAST GRANBY, CT 06026

Title: MGRM
Name: VERNEY, ARTHUR J
Address: 36 ABBOTT RD
City-St-Zip: ELLINGTON, CT 06029

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: ARTHUR J. VERNEY MGRM 03/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date