2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2017
Secretary of State
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Entity Name: DISABILITY INSURANCE SPECIALISTS, LLC

Current Principal Place of Business:

1280 BLUE HILLS AVE.
SUITE 102
BLOOMFIELD, CT 06002

Current Mailing Address:

P.O. BOX 25
BLOOMFIELD, CT 06002 US

FEI Number: 06-1466211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	BOSSI JR, WILLIAM J	Name	VERNEY, ARTHUR J
Address	120 KIMBERLY RD	Address	36 ABBOTT RD
City-State-Zip:	EAST GRANBY CT 06026	City-State-Zip:	ELLINGTON CT 06029

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR J. VERNEY MANAGING MEMBER 03/02/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date