FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P34979 (5)

1. Corporation Name
HEALTHCARE RECOVERIES, INC.

Principal Place of Business	Mailing Address
1930 BISHOP LANE, SUITE 14B LOUISVILLE KY 40218	1930 BISHOP LANE, SUITE 14B LOUISVILLE KY 40218

3. Date Incorporated or Qualified: **08/06/1991**
3a. Date of Last Report: **08/18/1994**
4. FEI Number: **61-1141758** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	Vice President - Systems Depl.	☐ Change ☑ Addition
NAME	MCGINNIS, PATRICK B.	Bobby T. Tokuuke	
STREET ADDRESS	1400 WATTERSON TOWER	1400 Watterson Tower	
CITY-ST-ZIP	LOUISVILLE KY	Louisville, KY. 40218	
TITLE	V	Senior Vice President - Operations	☑ Change ☐ Addition
NAME	BURGE, DENNIS K.		
STREET ADDRESS	1400 WATTERSON TOWER		
CITY-ST-ZIP	LOUISVILLE KY		
TITLE	V	Senior Vice President - Sales & Marketing	☑ Change ☐ Addition
NAME	HARRELD, KATHLEEN K.		
STREET ADDRESS	1400 WATTERSON TOWER		
CITY-ST-ZIP	LOUISVILLE KY		
TITLE	VSD	Executive Vice President - Systems	☑ Change ☐ Addition
NAME	WOODBURN, PATRICK T.		
STREET ADDRESS	1400 WATTERSON TOWER		
CITY-ST-ZIP	LOUISVILLE KY		
TITLE	V	Terminated 4/28/95	☑ Change ☐ Addition
NAME	MOAK, JAMES A.		
STREET ADDRESS	1400 WATTERSON TOWER		
CITY-ST-ZIP	LOUISVILLE KY		
TITLE	V	Vice President - Finance + General Counsel & Secretary	☑ Change ☐ Addition
NAME	SHARPS, DOUGLAS R.		
STREET ADDRESS	1400 WATTERSON TOWER		
CITY-ST-ZIP	LOUISVILLE KY		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Douglas R. Sharps 4/27/95 (502) 454-1340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0479260 FP