

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34979 (5)**
1. Corporation Name
HEALTHCARE RECOVERIES, INC.



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

3. Date Incorporated or Qualified: **08/06/1991**
3a. Date of Last Report: **05/01/1995**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGINNIS, PATRICK B.	
STREET ADDRESS	1400 WATTERSON TOWER	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	BURGE, DENNIS K.	
STREET ADDRESS	1400 WATTERSON TOWER	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	HARRELD, KATHLEEN K.	
STREET ADDRESS	1400 WATTERSON TOWER	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	WOODBURN, PATRICK T.	
STREET ADDRESS	1400 WATTERSON TOWER	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHARPS, DOUGLAS R.	
STREET ADDRESS	1400 WATTERSON TOWER	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See attached list of current officers.

300001840363
-05/28/96--01024--016
***200.00

400001840364
-05/28/96--01024--017
***25.00

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(3)(k), 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 or on an attachment with an address.

SIGNATURE: *Patrick B. McGinnis* PATRICK B. MCGINNIS, 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)

P34979

e-e

**Healthcare Recoveries, Inc.
List of Officers**

Randolph G. Brown
Co-Chairman
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339

Patrick B. McGinnis
Chairman, Chief Executive Officer and President
1930 Bishop Lane, Suite 14B
Louisville, KY 40218

Michael R. Cote
Senior Vice President - Finance, Chief Financial Officer and Assistant Secretary
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339

William R. Spalding
Senior Vice-President - Administration, General Counsel and Secretary
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339

Peggy B. Sherman
Vice-President, Associate General Counsel and Assistant Secretary
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339

Jonathan W. Anderson
Vice President - Purchasing and Administration
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339

James S. Douglas
Vice President, Corporate Controller and Chief Accounting Officer
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339

Caryn S. Dickerson
Treasurer
2700 Cumberland Parkway
Suite 300
Atlanta, GA 30339