


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90171 035 ***150.00

02/24/99

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P34979

1. Corporation Name
HEALTHCARE RECOVERIES, INC.



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 <i>Laura with residence 1930 Bishop Lane</i>	61-1141758	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 <i>Suite 14B</i>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	30
25	29		

3. Date Incorporated or Qualified
08/06/1991

4. FEI Number
61-1141758

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 owes the current year Intangible Personal Property Tax. Yes No

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 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director
NAME	MCGINNIS, PATRICK B.	1.2 NAME	<i>VAN ARSDEL, Chris</i>
STREET ADDRESS	1400 WATTERSON TOWER	1.3 STREET ADDRESS	<i>300 CANALVIEW BLVD</i>
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	<i>ROCHESTER NY 14623</i>
TITLE	VP	2.1 TITLE	VP
NAME	SHARPS, DOUGLAS	2.2 NAME	<i>BADER, Robert G.</i>
STREET ADDRESS	1400 WATTERSON TOWER	2.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	<i>LOUISVILLE, KY 40218</i>
TITLE	D	3.1 TITLE	VP
NAME	BALLARD, WILLIAM C	3.2 NAME	<i>TAYLOR, BRIAN</i>
STREET ADDRESS	3300 FIRST NATIONAL TOWER	3.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
CITY-ST-ZIP	LOUISVILLE KY 40202	3.4 CITY-ST-ZIP	<i>LOUISVILLE, KY 40218</i>
TITLE	D	4.1 TITLE	VP
NAME	FORCE, JILL L	4.2 NAME	<i>MURPHY, Debra</i>
STREET ADDRESS	3300 PROVIDIAN CENTER	4.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
CITY-ST-ZIP	LOUISVILLE KY 40202	4.4 CITY-ST-ZIP	<i>LOUISVILLE KY 40218</i>
TITLE	D	5.1 TITLE	VP
NAME	NEWMAN, JOHN H	5.2 NAME	<i>BATES, MARK</i>
STREET ADDRESS	ONE WORLD TRADE CENTER	5.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
CITY-ST-ZIP	NEW YORK NY 10048	5.4 CITY-ST-ZIP	<i>LOUISVILLE KY 40218</i>
TITLE	D	6.1 TITLE	
NAME	ROBINSON, ELAINE J	6.2 NAME	
STREET ADDRESS	5855 BRITTANY WOODS CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40222	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director
1.2 NAME	<i>VAN ARSDEL, Chris</i>
1.3 STREET ADDRESS	<i>300 CANALVIEW BLVD</i>
1.4 CITY-ST-ZIP	<i>ROCHESTER NY 14623</i>
2.1 TITLE	VP
2.2 NAME	<i>BADER, Robert G.</i>
2.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
2.4 CITY-ST-ZIP	<i>LOUISVILLE, KY 40218</i>
3.1 TITLE	VP
3.2 NAME	<i>TAYLOR, BRIAN</i>
3.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
3.4 CITY-ST-ZIP	<i>LOUISVILLE, KY 40218</i>
4.1 TITLE	VP
4.2 NAME	<i>MURPHY, Debra</i>
4.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
4.4 CITY-ST-ZIP	<i>LOUISVILLE KY 40218</i>
5.1 TITLE	VP
5.2 NAME	<i>BATES, MARK</i>
5.3 STREET ADDRESS	<i>1400 WATTERSON TOWER</i>
5.4 CITY-ST-ZIP	<i>LOUISVILLE KY 40218</i>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE: _____ DATE: *2/15/99* 502-454-1124
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)