

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:01

DOCUMENT # 202736 (5)

1. Corporation Name
SEDGWICK JAMES OF FLORIDA, INC.

Principal Place of Business: ONE FINANCIAL PLAZA, SUITE 2400 FT LAUDERDALE FL 33394
Mailing Address: 5350 POPLAR AVE P.J. ROBINSON, LEGAL DEPT MEMPHIS TN 38119 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		05/22/1957	03/10/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-0819578	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DAY, JOHN E	1.2 NAME	
STREET ADDRESS	5350 POPLAR AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MEMPHIS TN	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORFORD, DONALD, K	2.2 NAME	
STREET ADDRESS	600 MONTGOMERY ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	SAN FRANCISCO CA	2.4 CITY- ST- ZIP	
TITLE	CP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, THOMAS J	3.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLZ 2400	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, QUILL O.	4.2 NAME	
STREET ADDRESS	1285 AVE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLUM, ALAN, B	5.2 NAME	
STREET ADDRESS	5350 POPLAR AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MEMPHIS TN	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PATTIE J	6.2 NAME	
STREET ADDRESS	5350 POPLAR AVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MEMPHIS TN	6.4 CITY- ST- ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 its 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 in no combination with an address.

SIGNATURE: *Pattie J Robinson* *Assistant Secretary* 1/26/95 901-684 3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR