


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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 850548 (9) 1. Corporation Name POLICY MANAGEMENT SYSTEMS CORPORATION		



Principal Place of Business ONE PMS CENTER BLYTHEWOOD SC 29016	Mailing Address ONE PMS CENTER BLYTHEWOOD SC 29016
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1981	3a. Date of Last Report 04/20/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 57-0723125		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT <input type="checkbox"/> DELETE	1.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESHAM, ROBERT L.	1.2 NAME	Gresham, Robert L.
STREET ADDRESS	209 LAME HORSE ROAD	1.3 STREET ADDRESS	One PMS Center
CITY - ST - ZIP	COLUMBIA SC	1.4 CITY - ST - ZIP	Blythe wood, SC 29016
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, G. LARRY	2.2 NAME	Alfred R. Berkley
STREET ADDRESS	ONE PMS CENTER	2.3 STREET ADDRESS	One PMS Center
CITY - ST - ZIP	BLYTHEWOOD SC 29016	2.4 CITY - ST - ZIP	Blythe wood, SC 29016
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, DAVID T.	3.2 NAME	Donald W. Fadderson
STREET ADDRESS	ONE PMS CENTER	3.3 STREET ADDRESS	One PMS Center
CITY - ST - ZIP	BLYTHEWOOD SC 29016	3.4 CITY - ST - ZIP	Blythe wood, SC 29016
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	TRUB, RICHARD G	4.2 NAME	
STREET ADDRESS	ONE PMS CENTER	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLYTHEWOOD SC 29016	4.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	COGGIOLA, DONALD A.	5.2 NAME	
STREET ADDRESS	ONE PMS CENTER	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLYTHEWOOD SC 29016	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	FAULKS, ROY L.	6.2 NAME	
STREET ADDRESS	ONE PMS CENTER	6.3 STREET ADDRESS	
CITY - ST - ZIP	BLYTHEWOOD SC 29016	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **4/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)