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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



POLICY MANAGEMENT SYSTEMS CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 12, 1999 8:00 am Secretary of State

05-12-1999 90009 015 ***150.00



											41811 4 3871 1481
Principal Place of Business Mailing Address								119913(1814) 87(1) 88(2) 87(1) 8144)		WIN WIRTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ONE PMS CENTER ONE PMS CENTER											
BLYTHEWOOD SC 29016 BLYTHEWOOD SC 29016					3			DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed	11 17 10 01 7		
								10/01/1981			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		TAp	plied For
21			26	26				57-0723125		No	t Applicable
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.	Suite, Apt. #, etc.					8.75 /	Additional
22 27								5. Certicate of Status Desired		Fee Re	quired
City & State				City & State				6. Election Campaign Financing	1	•	May Be
23			28					Trust Fund Contribution		Added t	o Fees
Zip Country		-	Zip Country			8. This corporation owes the current		yes	□No		
24		25 and Address of Cur	29	torod Agent	30	Г		Personal Property Tax. 10. Name and Address of New Reg			
	9. Name	and Address of Cur	ent Kegis	tered Agent		81	Name	10. Name and Address of New York	istered Age		
CT C	CORPORATI	ION SYSTEM									
1200 S. PINE ISLAND ROAD				82			Street Addre	ess (P.O. Box Number is Not Acceptable	1)		
PLA	ntation fi	L 33324				83					
	•									F 7:0 /	Code
						84	City		FL 8	ZIP	Code
11. Pursuant	to the provisi	ions of Sections 607.0	502 and 6	07.1508, Florida Stat	utes, the a	bove	e-named corpo	oration submits this statement for the pur	pose of char	iging its	registered
office or n	egistered age m familiar wil	ent, or both, in the Sta th, and accept the obl	ite of Floric igations of,	la. Such change was Section 607,0505, F	authorize Iorida Stat	d by utes	the corporation	n's board of directors. I hereby accept the	ie appointme	nt as re	gistered
SIGNATURE											į
SIGNATORE	Signature, typed	or printed name of registered	agent and title i	f applicable. (NO		1 Agen	t signature required		DATE		
12.	Fried	OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	EVPS	N OTERUEN O		☐ DELETE	1.1 TI					Change	Addition
MORRISON, STEPHEN G.					1.2 N						
STREET ADDRESS ONE PMSC CENTER BLYTHEWOOD SC 29016				1,3 STREE							
CITY-ST-ZIP		00D 2C 290 IB		☐ DELETE		ITY-S	T-ZIP			Change	☐ Addition
TITLE	P P	C LADDY		☐ DECE LE	2.1 TI		ļ		Ц	onange	
NAME WILSON, G. LARRY					2.2 N						1
STREET ADDRESS ONE PMS CENTER BLYTHEWOOD SC 29016							ADDRESS				,
CITY-ST-ZIP	EVP	000 00 23010		☐ DELETE	3,1 Ti	THE	1-ZIP			Change	Addition
NAME	1 -	NAVID T			3.2 N						
OUE BITO OFFITED						ADDRESS					
	l	OOD SC 29016				ITY-S					
CITY-ST-ZIP	D	000 00 20010		☐ DELETE	3.4. C		1-211			Change	Addition
NAME	TRUB, RIC	CHARD G			4,21				_	·	_
STREET ADDRESS	AND 5140						ADDRESS				
City-St-ZiP		OOD SC 29016				ITY-SI					
TITLE	EVPC			☐ DELETE	5.1 TI					Change	☐ Addition
NAME	,	i, TIMOTHY V.			5.2 N					-	
STREET ADDRESS	ONE PMS				5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP		OOD SC 29016			54 C	ITY-S1	r-zip (
TITLE	T		 -	DELETE	61 TI					Change	Addition
NAME	POWERS.	elizabeth D.			6.2 N	AME					
STREET ADORESS	ONE PMS				6.3 S	TREET	ADDRESS				

BLYTHEWOOD SC 29016 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.

6.4 CITY-ST-ZIP

SIGNATURE:

T. IREC ME OF SIGNING OFFICER OR DIRECTOR

803-333-4000

Policy Management Systems Corporation Schedule of Officers and Directors

-Officers-

Title	Complete Name	Address
Chairman of the Board, Chief Executive Officer and President	G. Larry Wilson	One PMS Center Blythewood, SC 29016
Executive Vice President, Secretary and General Counsel	Stephen G. Morrison	One PMS Center Blythewood, SC 29016
Executive Vice President and Chief Financial Officer	Timothy V. Williams	One PMS Center Blythewood, SC 29016
Treasurer	Elizabeth D. Powers	One PMSC Center Blythewood, SC 29016
Executive Vice President	David T. Bailey	One PMS Center Blythewood, SC 29016
Executive Vice President	Michael Risley	One PMS Center Blythewood, SC 29016
Vice President	Allen V. Doty	One PMS Center Blythewood, SC 29016
-Directors-	Alfred R. Berkeley III	One PMS Center Blythewood, SC 29016
	Donald W. Fedderson	One PMS Center Blythewood, SC 29016
	Dr. John M. Palms	One PMS Center Blythewood, SC 29016
	Joseph D. Sargent	One PMS Center Blythewood, SC 29016
	John P. Seibels	One PMS Center Blythewood, SC 29016
	Richard G. Trub	One PMS Center Blythewood, SC 29016
	G. Larry Wilson	One PMS Center Blythewood, SC 29016