2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

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Entity Name: CRAWFORD & COMPANY SUBROGATION AND RECOVERY, INC.

Current Principal Place of Business:

5620 GLENRIDGE DRIVE, N.E.
ATLANTA, GA 30342

New Principal Place of Business:

1001 SUMMIT BLVD.
ATLANTA, GA 30319

Current Mailing Address:

5620 GLENRIDGE DRIVE, N.E.
ATLANTA, GA 30342

New Mailing Address:

P. O. BOX 5047
ATTN: TAX DEPARTMENT
ATLANTA, GA 30302

FEI Number: 20-0616063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EYTCHESON, DAVID F
Address: 2448 E. 81ST ST., #800
City-St-Zip: TULSA, OK 74137

Title: VPSD ( ) Delete
Name: BEACH, WILLIAM L
Address: 5620 GLENRIDGE DRIVE, N.E.
City-St-Zip: ATLANTA, GA 30342

Title: D ( ) Delete
Name: PORTER, PHILIP G
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROGERS, LESTER J
Address: 1001 SUMMIT BLVD.
City-St-Zip: ATLANTA, GA 30319

Title: VPSD (X) Change ( ) Addition
Name: BEACH, WILLIAM L
Address: 1001 SUMMIT BLVD.
City-St-Zip: ATLANTA, GA 30319

Title: D (X) Change ( ) Addition
Name: PORTER, PHILIP G
Address: 1001 SUMMIT BLVD.
City-St-Zip: ATLANTA, GA 30319

Title: VP1 ( ) Change (X) Addition
Name: POWERS, III, R E
Address: 1001 SUMMIT BLVD.
City-St-Zip: ATLANTA, GA 30319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. BEACH VPS 04/03/2008

Electronic Signature of Signing Officer or Director — Date