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Jan 28 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 # **P01242** **(7)**

1. Corporation Name
SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.

Principal Place of Business
230 WEST MONROE STREET
CHICAGO IL 60606

Mailing Address
1000 RIDGEWAY LOOP ROAD
P.J. ROBINSON, LEGAL DEPT.
MEMPHIS TN 38120-4021
US

3. Date Incorporated or Qualified: **03/16/1984**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **36-2685608** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HALLORAN, III E		1.2 NAME	David A. North	
STREET ADDRESS	230 WEST MONROE STREET		1.3 STREET ADDRESS	230 West Monroe Street	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	VT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	O'DAY, JOHN E		2.2 NAME		
STREET ADDRESS	5350 POPLAR AVE		2.3 STREET ADDRESS	1000 Ridgeway Loop Road	
CITY-ST-ZIP	MEMPHIS TN		2.4 CITY-ST-ZIP	Memphis TN 38120	
TITLE	AS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ROBINSON, PATTIE J		3.2 NAME		
STREET ADDRESS	5350 POPLAR AVE		3.3 STREET ADDRESS	1000 Ridgeway Loop Road	
CITY-ST-ZIP	MEMPHIS TN		3.4 CITY-ST-ZIP	Memphis TN 38120	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME			4.2 NAME	Alan B. Rosenbloom	
STREET ADDRESS			4.3 STREET ADDRESS	1000 Ridgeway Loop Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Memphis TN 38120	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Quill O. Healey	
STREET ADDRESS			5.3 STREET ADDRESS	3333 Peachtree Road NE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Atlanta GA 303326	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 Pattie J. Robinson 1/17/97 901-684-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047229