FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:31

DOCUMENT # P37457 (9)

1. Corporation Name
THIRD PARTY CLAIMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3025 BRECKINRIDGE BLVD., SUITE 120 DULUTH GA 30136	3025 BRECKINRIDGE BLVD., SUITE 120 DULUTH GA 30136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21: 5221 N. O'Connor Blvd
22: Suite 300
23: Irving TX
24: 75039
25: USA

2a. Mailing Address
26:
27:
28:
29:
30:

4. FEI Number: 06-1316126 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	P/D/COO	☒ Change ☐ Addition
NAME	DUNN, JOHN H JR.	1.2 NAME	CHARLES N. SABATINO	
STREET ADDRESS	3025 BRECKINRIDGE BLVD., SUITE 120	1.3 STREET ADDRESS	5221 N. O'CONNOR BLVD, SUITE 300	
CITY-ST-ZIP	DULUTH GA 30136	1.4 CITY-ST-ZIP	IRVING, TX 75039	
TITLE	CEOD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	RIDDETT, ROBERT G JR.	2.2 NAME	RIDDETT, ROBERT G. JR.	
STREET ADDRESS	3025 BRECKINRIDGE BLVD., SUITE 120	2.3 STREET ADDRESS	3025 BRECKINRIDGE BLVD, SUITE 120	
CITY-ST-ZIP	DULUTH GA	2.4 CITY-ST-ZIP	DULUTH GA 30136	
TITLE	ST	3.1 TITLE	S/T/V	☒ Change ☐ Addition
NAME	HUGHES, F. BARRON	3.2 NAME	JUDITH H. HENKES	
STREET ADDRESS	3025 BRECKINRIDGE BLVD., SUITE 120	3.3 STREET ADDRESS	5221 N. O'CONNOR BLVD, SUITE 300	
CITY-ST-ZIP	DULUTH GA	3.4 CITY-ST-ZIP	IRVING, TX 75039	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	JACKSON, RICHARD L	4.2 NAME	RONALD H. SHIFTAN	
STREET ADDRESS	3414 PEACHTREE ROAD	4.3 STREET ADDRESS	88 W. RIVER ROAD	
CITY-ST-ZIP	ATLANTA GA 30326	4.4 CITY-ST-ZIP	RUMSON N.J. 07760	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BENJAMIN, GERALD R	5.2 NAME	WILLIAM W. CROUSE	
STREET ADDRESS	3414 PEACHTREE ROAD	5.3 STREET ADDRESS	59 HOLLOW BROOK ROAD	
CITY-ST-ZIP	ATLANTA GA 30326	5.4 CITY-ST-ZIP	CALDWELL, N.J. 07830	
TITLE		6.1 TITLE	S	☐ Change ☒ Addition
NAME		6.2 NAME	MICHAEL L. DEWITT	
STREET ADDRESS		6.3 STREET ADDRESS	5221 N. O'CONNOR BLVD, SUITE 300	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	IRVING TX 75039	

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 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: Michael L DeWitt Michael L. DeWitt 4/4/95 214/472-3814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300023 FP