

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Modham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37457 (9)
 1. Corporation Name
THIRD PARTY CLAIMS MANAGEMENT, INC.



Principal Place of Business 3501 FRONTAGE ROAD P.O. BOX 30098, 33630 TAMPA FL 33607 US	Mailing Address 3501 FRONTAGE ROAD P.O. BOX 30098, 33630 TAMPA FL 33607-1742 US
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3. Date incorporated or Qualified 02/11/1992	3a. Date of Last Report 04/21/1996
4. FEI Number 06-1316126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BENNETT, WILLIAM L	
STREET ADDRESS	667 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	MURRAY, JAMES K JR.	
STREET ADDRESS	3501 FRONTAGE ROAD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAECKERS, GARY L	
STREET ADDRESS	3501 FRONTAGE ROAD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LUCCO, GEORGE E	
STREET ADDRESS	625 CENTRAL PARK DR. BLDG. 1 SUITE 400	
CITY-ST-ZIP	OKLAHOMA CITY OK 73105	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BRESEE, RICHARD M	
STREET ADDRESS	3501 FRONTAGE ROAD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FAHY, MARY C	
STREET ADDRESS	3501 FRONTAGE ROAD	
CITY-ST-ZIP	TAMPA FL 33607	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S Phillip S. Dingle
6.3 STREET ADDRESS	3501 Frontage Rd
6.4 CITY-ST-ZIP	Tampa FL 33607

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: *[Signature]* Date: *4/15/97* (912) 399-1000

CR2E034 (9/96)

TPCM

**THIRD PART CLAIMS MANAGEMENT, INC
OFFICERS & DIRECTORS**

DIRECTORS

NAME	ADDRESS
William L. Bennett	24 Stone Hill Rd., Box 203 Bedford, NY 10506
George E. Lucco	5880 Mist Flower Lane Westerville, OH 43082
James K. Murray, Jr.	1901 Holly Lane Tampa, FL 33629
Gary L. Reackers	10117 Woodsong Way Tampa, FL 33618

OFFICERS

TITLE	NAME	ADDRESS
Chairman of the Board	William L. Bennett	24 Stone Hill Rd., Box 203 Bedford, NY 10506
Exec. Vice President	Richard M. Bresee	408 Apache Trail Brandon, FL 33511
Secretary	Phillip S. Dingle	201 S. Arrawana Ave., Unit 1 Tampa, FL 33609
Exec. Vice President	George E. Lucco	5880 Mist Flower Lane Westerville, OH 43082
President, CEO & Treasurer	James K. Murray, Jr.	1901 Holly Lane Tampa, FL 33629
Exec. Vice President	Gary L. Reackers	10117 Woodsong Way Tampa, FL 33618