FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F94000005690 (2)

1. Corporation Name

AIG MANAGED CARE, INC.

Principal Place of Business	Mailing Address
70 PINE STREET 27TH FL NEW YORK NY 10270 US	70 PINE STREET NEW YORK NY 10270

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 13-3798455 ☐ Applied For ☐ Not Applicable

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 Attn: E. M. Tuck
City & State
28
Zip 29 Country 30

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, STE 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TABAK, MARK H		1.2 NAME		
STREET ADDRESS	70 PINE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	SVP	☑ Change ☐ Addition
NAME	SMALL, PETER A		2.2 NAME		
STREET ADDRESS	70 PINE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME	SIMONS JR, ARCHIE		3.2 NAME	Getzfrid, Lisa	
STREET ADDRESS	70 PINE STREET		3.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TUCK, ELIZABETH M		4.2 NAME		
STREET ADDRESS	70 PINE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOOLEY, WILLIAM N		5.2 NAME		
STREET ADDRESS	70 PINE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	GREENBERG, JEFFREY W		6.2 NAME	Smith, William D.	
STREET ADDRESS	70 PINE STREET		6.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	New York, NY 10270	

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)(k), 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: Elizabeth M. Tuck — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 Date

(212) 770-7000 Daytime Phone #

CR2E034 (12/95)