

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

FILED

**May 06 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 # F94000005690 (2)
1. Corporation Name
AIG MANAGED CARE, INC.



Principal Place of Business: **70 PINE STREET, 27TH FL, NEW YORK NY 10270, US**

Mailing Address: **70 PINE STREET, ATTN E M TUCK, NEW YORK NY 10270-0002, US**

| | | | | | |
|---|----------------|---------------------|----------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 70 Pine Street | 26 | 70 Pine Street | 11/02/1994 | 05/01/1996 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 13-3798455 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 New York, NY | | 28 | | <input checked="" type="checkbox"/> | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 10270 | 25 | 29 | 30 | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

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

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 the 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 | PD | 1.1 TITLE |
| 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 | SVP | 2.1 TITLE |
| 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 | 3.1 TITLE |
| NAME | GETZFRID, LISA | 3.2 NAME |
| STREET ADDRESS | 70 PINE STREET | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP |
| TITLE | S | 4.1 TITLE |
| 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 | 5.1 TITLE |
| 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 | 6.1 TITLE |
| NAME | SMITH, WILLIAM D | 6.2 NAME |
| STREET ADDRESS | 70 PINE STREET | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | NEW YORK NY | 6.4 CITY-ST-ZIP |

| | | |
|--|-----------------------|--|
| <input checked="" type="checkbox"/> DELETE | C/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input checked="" type="checkbox"/> DELETE | Sandler, Robert M. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input checked="" type="checkbox"/> DELETE | 70 Pine Street | |
| <input type="checkbox"/> DELETE | New York, NY 10270 | |
| <input checked="" type="checkbox"/> DELETE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | Galindo, Anthony J | |
| <input checked="" type="checkbox"/> DELETE | 70 Pine Street | |
| <input type="checkbox"/> DELETE | New York, NY 10270 | |
| <input checked="" type="checkbox"/> DELETE | CFO/V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | McDonough, William L. | |
| <input type="checkbox"/> DELETE | 70 Pine Street | |
| <input type="checkbox"/> DELETE | New York, NY 10270 | |
| <input type="checkbox"/> DELETE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input checked="" type="checkbox"/> DELETE | Greenberg, M. R. | |
| | 70 Pine Street | |
| | New York, NY 10270 | |

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: *Blissland M. [unclear]* 4/29/97 1212770-7000

CR2E034 (9/96)