

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

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**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 / Not Applicable
City & State		City & State		13-3798455	
22	New York, NY	27	New York, NY	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	10270	28	10270	<input checked="" type="checkbox"/>	
24	US	29	US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		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
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 the date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TABAK, MARK H	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, PETER A	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GETZFRID, LISA	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH M	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOOLEY, WILLIAM N	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM D	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sandler, Robert M.	
1.3 STREET ADDRESS	70 Pine Street	
1.4 CITY-ST-ZIP	New York, NY 10270	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Galindo, Anthony J	
2.3 STREET ADDRESS	70 Pine Street	
2.4 CITY-ST-ZIP	New York, NY 10270	
3.1 TITLE	CFO/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McDonough, William L.	
3.3 STREET ADDRESS	70 Pine Street	
3.4 CITY-ST-ZIP	New York, NY 10270	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Greenberg, M. R.	
4.3 STREET ADDRESS	70 Pine Street	
4.4 CITY-ST-ZIP	New York, NY 10270	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)