

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
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	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABAK, MARK H		1.2 NAME	Sandler, Robert M.	
STREET ADDRESS	70 PINE STREET		1.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, PETER A		2.2 NAME	Galindo, Anthony J	
STREET ADDRESS	70 PINE STREET		2.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	CF/O/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZFRID, LISA		3.2 NAME	McDonough, William L.	
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	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M		4.2 NAME	Greenberg, M. R.	
STREET ADDRESS	70 PINE STREET		4.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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: _____ 4/29/97 1212770-7000

CR2E034 (9/96)