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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000005690**

1. Corporation Name
AIG MANAGED CARE, INC.



Principal Place of Business Mailing Address
 70 PINE ST.
 NEW YORK NY 10270
 US
 70 PINE STREET
 ATTN E M TUCK
 NEW YORK NY 10270
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 25 29 30

3. Date Incorporated or Qualified
11/02/1994
 4. FEI Number Applied For
13-3798455 Not Applicable
 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 owes the current year Intangible Personal Property Tax. 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 DELETE

TITLE **CD**
 NAME **SANDLER, ROBERT M.**
 STREET ADDRESS **70 PINE STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **PD** DELETE
 NAME **GALIOTO, ANTHONY J.**
 STREET ADDRESS **70 PINE STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **CFOV** DELETE
 NAME **MCDONOUGH, WILLIAM L.**
 STREET ADDRESS **70 PINE STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **S** DELETE
 NAME **TUCK, ELIZABETH M**
 STREET ADDRESS **70 PINE STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **T** DELETE
 NAME **DOOLEY, WILLIAM N**
 STREET ADDRESS **70 PINE STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **D** DELETE
 NAME **GREENBERG, M.R.**
 STREET ADDRESS **70 PINE STREET**
 CITY-ST-ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **Austin, Terri D.**
 3.3 STREET ADDRESS **70 Pine Street**
 3.4 CITY-ST-ZIP **New York, NY 10270**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME **McFate, Carol A.**
 5.3 STREET ADDRESS **70 Pine Street**
 5.4 CITY-ST-ZIP **New York, NY 10270**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **4/29/99** 212-770-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)