

2001 UNIFORM BUSINESS REPORT (UBR)

Pg 192

0594028

DOCUMENT # F94000005690

1. Entity Name
AIG MANAGED CARE, INC.

FILED

01 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 70 PINE ST. NEW YORK NY 10270 US	Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 13-3798455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANDLER, ROBERT M. 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALIOTO, ANTHONY J. 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUSTIN, TERRI D 70 PINE STREET NEW YORK NY 10270 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCFATE, CAROL A 70 PINE STREET NEW YORK NY 10270 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, M.R. 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(212) 770-7000**

CR2E034 (10/00)

98292



ACCOUNT NO. : 072100000032
REFERENCE : 134356 4320171
AUTHORIZATION : Patricia Pizito
COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2001
ORDER TIME : 10:42 AM
ORDER NO. : 134356-055
CUSTOMER NO: 4320171
CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY -1 PM 12:17
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: AIG MANAGED CARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____