DOCUMENT # F9400005690							דימ	1	
						·		V	
1. Entity Name AIG MANAGED CARE, INC.						FILED			
	•				- }	OIMAY-1 PM I:	37		
Principal Place of Business		Mailing Address				7 7 1111			
) Pine St. Ew York ny 10270 S		70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US				SEGRETIARY OF STATE FAULAHASSEE, FLORIDA			
O Dringing I	Diago of Divisions	2 Mailing Addrson							
2. Principal Place of Business		3. Mailing Address					11 00 50) 0 5150 1 0150 101	(1) 60 3) (95)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE			
City & State		City & State		4.	FEI Number 13-3798455		pplied For		
Zip	Country	Zip	Coun	itry	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New Registe			
				Name	Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105				Street Address (P.O. Box Number is Not Acceptable)					
TALL	AHASSEE FL 32301								
				City			FL Zip Code	e	
3. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or re	gistered ag	gent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature r	equired when r	einstating) De	ATE		
This corporation is eligible to satisfy its Intangible FILE NOW!!! I			! FEE	IS \$150.00		10. Election Campaign Financing			
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be Make Check Payable to Departm				Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND D		12.			DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE	CD	☐ Delete	TITLE	·		<u> </u>	☐ Change	Addition	
LAME	SANDLER, ROBERT M. 70 PINE STREET		NAMI	1					
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY			ET ADDRESS -ST-ZIP					
TTLE	PD	Delete	TITLE				☐ Change	☐ Addition	
IAME	GALIOTO, ANTHONY J.		NAM	E					
TREET ADDRESS	70 PINE STREET NEW YORK NY			ET ADDRESS - ST- ZIP					
1TLE	A LOUVIAL	☐ Delete	TITLE				☐ Change	☐ Addition	
IAME	AUSTIN, TERRI D	LT DEIGG	NAMI	i i		d and an annual state of the		_	
TREET ADDRESS	70 PINE STREET			ET ADDRESS		10000410	Zibr.		
CITY-ST-ZIP	NEW YORK NY 10270			-ST-ZIP					
TTLE IAME	TUCK, ELIZABETH M	Delete	TITLE				☐ Change	☐ Addition	
TREET ADDRESS	70 PINE STREET			ET ADDRESS					
ITY-ST-ZIP	NEW YORK NY		CITY	-ST-ZIP					
ITLE	T MCFATE, CAROL A	☐ Delete	TITLE				Change	Addition	
IAME TREET ADORESS	70 PINE STREET		NAME STRE	ET ADDRESS					
HTY-ST-ZIP	NEW YORK NY 10270		•	-ST-ZIP					
ITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
AME	Greenberg, M.R.		NAME	: I					

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

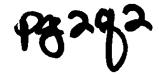
CITY-ST-ZIP

STREET ADDRESS 70 PINE STREET

NEW YORK NY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date





ACCOUNT NO. :

072100000032

REFERENCE :

134356 4320171

AUTHORIZATION

COST LIMIT

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

ANNUAL REPORT FILING

NAME: AIG MANAGED CARE, INC.

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: