

**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 <b>70 PINE ST. NEW YORK NY 10270 US</b>	Mailing Address <b>70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US</b>
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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 <b>13-3798455</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$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	<b>CD</b> <b>SANDLER, ROBERT M.</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GALIOTO, ANTHONY J.</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AUSTIN, TERRI D</b> <b>70 PINE STREET</b> <b>NEW YORK NY 10270</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TUCK, ELIZABETH M</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCFATE, CAROL A</b> <b>70 PINE STREET</b> <b>NEW YORK NY 10270</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENBERG, M.R.</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b> <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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**100004102751--6**

**SP**

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: \_\_\_\_\_