

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002726 (4)
 1. Corporation Name
AON MANAGED CARE RISK & INSURANCE SERVICES, INC.



Principal Place of Business 580 CALIFORNIA ST. SAN FRANCISCO CA 94104	Mailing Address 580 CALIFORNIA ST. SAN FRANCISCO CA 94104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 123 N. Wacker Dr.	26 P.O. Box 8264
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Chicago, IL	28 Chicago, IL
24 60606	29 60680
25 Country	30 Country

3. Date Incorporated or Qualified 05/22/1997	
4. FEI Number 94-3207301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOYLE, CORBETTE S	
STREET ADDRESS	101 WESTPARK DR.	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, MICHAEL D	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JACKSON, ROBERT D	
STREET ADDRESS	1100 NE 8TH ST.	
CITY-ST-ZIP	BELLEVUE WA 98004	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NORRIS, JOHN P	
STREET ADDRESS	580 CALIFORNIA ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SLAMAR, PAUL T	
STREET ADDRESS	580 CALIFORNIA ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROBINSON, PETER C	
STREET ADDRESS	580 CALIFORNIA ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Vice President - Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan Fyda	
1.3 STREET ADDRESS	123 N. Wacker Dr.	
1.4 CITY-ST-ZIP	Chicago, IL 60606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)

Susan Fyda 05/18/98 (94) 3207301