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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000002726

1. Corporation Name
AON MANAGED CARE RISK & INSURANCE SERVICES, INC.



Principal Place of Business

123 N WACKER DR
 CHICAGO IL 60606
 US

Mailing Address

P.O. BOX 8264
 TAX DEPT
 CHICAGO IL 60680
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

94-3207301

Applied For

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

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

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

TITLE DELETE

NAME DOYLE, CORBETTE S
 STREET ADDRESS 101 WESTPARK DR.
 CITY-ST-ZIP BRENTWOOD TN 37027

TITLE DELETE

NAME RICE, MICHAEL D
 STREET ADDRESS 123 N. WACKER DR.
 CITY-ST-ZIP CHICAGO IL 60606

TITLE DELETE

NAME JACKSON, ROBERT D
 STREET ADDRESS 1100 NE 8TH ST.
 CITY-ST-ZIP BELLEVUE WA 98004

TITLE DELETE

NAME NORRIS, JOHN P
 STREET ADDRESS 580 CALIFORNIA ST.
 CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE DELETE

NAME SLAMAR, PAUL T
 STREET ADDRESS 580 CALIFORNIA ST.
 CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE 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 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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

✓
 BAER, Jerome J.
 123 N. Wacker Dr.
 Chicago, IL 60606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(4), 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 *Peter Robinson*
 SIGNATURE AND TYPE PETER ROBINSON / VP-TAXES

4/28/99 312 701-3640
 Date Daytime Phone #

CR2E034 (11/98)