

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90217 030 ***150.00

DOCUMENT # F97000002726

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

Principal Place of Business 123 N WACKER DR CHICAGO IL 60606	Mailing Address P.O. BOX 8264 TAX DEPT CHICAGO IL 60680-8264 US
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3207301	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 NA. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, CORBETTE S	NAME	
STREET ADDRESS	101 WESTPARK DR.	STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, MICHAEL D	NAME	
STREET ADDRESS	123 N. WACKER DR.	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROBERT D	NAME	
STREET ADDRESS	1100 NE 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98004	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JOHN P	NAME	
STREET ADDRESS	580 CALIFORNIA ST.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAMAR, PAUL T	NAME	
STREET ADDRESS	580 CALIFORNIA ST.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PETER C	NAME	
STREET ADDRESS	580 CALIFORNIA ST.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	

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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

Daytime Phone #

CR2E034 (9/99)