

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90151 031 ***150.00

UNIFORMS A1

DOCUMENT # F97000002726

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

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

80066819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

200 E Randolph Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CHICAGO, ILLINOIS

4. FEI Number Applied For
94-3207301 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 _____ 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, 2002 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
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	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
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	

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER C. ROBINSON	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D. RICE	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIRECTOR/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS E. HEINZIG	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROME I. BAER	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE M. AIGOTTI	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	

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: *Jerome I. Baer* Date: 4/11/02 Daytime Phone #: 312-381-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)