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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P15977**

1. Corporation Name
AIG HEALTHCARE MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**400 INTERPACE PKWY BLDG A
 PARSIPPANY NJ 07054**

Mailing Address
**70 PINE STREET
 ATTN E M TUCK
 NEW YORK NY 10270
 US**

3. Date incorporated or Qualified
09/15/1987

4. FEI Number
13-3368031

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

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

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	ADDRESS	ST-ZIP	DELETE
PD	GALIOTO, A	70 PINE ST	NY NY 10270	<input type="checkbox"/>
C	BIEL, ALEXANDER	400 INTERPACE PARKWAY	PARSIPPANY NJ	<input checked="" type="checkbox"/>
S	TUCK, ELIZABETH M.	70 PINE STREET	NEW YORK NY 10270	<input type="checkbox"/>
T	DOOLEY, WILLIAM N.	70 PINE STREET	NEW YORK NY 10270	<input checked="" type="checkbox"/>
D	GREENBERG, M.R.	70 PINE STREET	NEW YORK NY 10270	<input type="checkbox"/>
CD	SANDLER, ROBERT M.	70 PINE STREET	NEW YORK NY	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	ADDRESS	ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*McFate, Carol A.
 70 Pine Street
 New York, NY 10270*

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **4/29/99** **212.770.7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)