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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **829631** **(1)**

1. Corporation Name

~~THE TRAVELERS INSURANCE COMPANY OF ILLINOIS~~

THE METRAHEALTH INSURANCE COMPANY

Principal Place of Business	Mailing Address
184 SHUMAN BLVD. NAPERVILLE IL 60563 US	ONE TOWER SQ HARTFORD CT 06183 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1973
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21 One Tower Square
Suite, Apt. #, etc.
22
City & State
23 Hartford, Connecticut
Zip
24 06183
Country
25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 36-2739571 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
STATE CAPTIOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

000001449040
04/06/95 01030-017
****200.00 FL ****200.00

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DV	☒ Change ☐ Addition
NAME	BUDD, EDWARD H	12 NAME	Ferris, Michael F.	
STREET ADDRESS	270 CHESTNUT HILL RD.	13 STREET ADDRESS	78 Cobblestone Road	
CITY ST ZIP	GLASTONBURY CT	14 CITY ST ZIP	Glastonbury, CT 06033	
TITLE	CD	21 TITLE	DVO	☒ Change ☐ Addition
NAME	BOOTH, RICHARD H	22 NAME	Burton, Thomas E.	
STREET ADDRESS	60 HIGH RIDGE RD.	23 STREET ADDRESS	35 Mara Trail	
CITY ST ZIP	S GLASTONBURY CT	24 CITY ST ZIP	South Windsor, CT 06074	
TITLE	VOD	31 TITLE	VO	☒ Change ☐ Addition
NAME	CRISPIN, ROBERT W	32 NAME	Galasso, James P.	
STREET ADDRESS	45 LONGVIEW RD	33 STREET ADDRESS	3233 North Street	
CITY ST ZIP	AVON CT	34 CITY ST ZIP	Fairfield, CT 06430	
TITLE	T	41 TITLE	VO	☒ Change ☐ Addition
NAME	FISHMAN, JAY S	42 NAME	Hudson, Robert J. (Dr.)	
STREET ADDRESS	82 OWATONNA STR	43 STREET ADDRESS	1328 Skipwith Road	
CITY ST ZIP	HAWORTH NJ	44 CITY ST ZIP	McLean, VA 22101	
TITLE	P	51 TITLE	DP	☒ Change ☐ Addition
NAME	GERSON, ELLIOT F.	52 NAME	Gerson, Elliot F.	
STREET ADDRESS	218 KNOLLWOOD DR	53 STREET ADDRESS	480 River Bend Road	
CITY ST ZIP	GLASTONBURY CT	54 CITY ST ZIP	Great Fall, VA 22066	
TITLE	S	61 TITLE	VSO	☒ Change ☐ Addition
NAME	PRINCE, CHARLES O	62 NAME	Michener, James M.	
STREET ADDRESS	100 VALLEY FORGE RD	63 STREET ADDRESS	24 Wyngate	
CITY ST ZIP	WESTON CT	64 CITY ST ZIP	Simsbury, CT 06070	

3/30/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Matthew Friedman 3/16/95 (203) 277-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Matthew L. Friedman

0000837 CP