

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **829631** (1)

1. Corporation Name
THE METRAHEALTH INSURANCE COMPANY



Principal Place of Business Mailing Address
ONE TOWER SQUARE HARTFORD CT 06183 US
ONE TOWER SQ HARTFORD CT 06183 US

3. Date Incorporated or Qualified **03/05/1973** 3a. Date of Last Report **03/30/1995**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
STATE CAPITOL 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 **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 STREET ADDRESS CITY-ST-ZIP
DV **FERRIS, MICHAEL F** DELETE
78 COBBLESTONE ROAD GLASTONBURY CT 06033
DVO **BURTON, THOMAS E** DELETE
35 MARA TRAIL SOUTH WINDSOR CT 06074
VO **GALASSO, JAMES W** DELETE
3233 NORTH STREET FAIRFIELD CT 06430
VO **HUDSON, ROBERT J** DELETE
1328 SKIPWITH ROAD MCLEAN VA 22101
DP **GERSON, ELLIOT F** DELETE
480 RIVER BEND ROAD GREAT FALL CT 06070
VSO **MICHENER, JAMES M** DELETE
24 WYNGATE SIMSBURY CT 06070

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **Pres., CEO and Director** Change Addition
1.2 NAME **Ronald B. Colby**
1.3 STREET ADDRESS **9900 Bren Road East**
1.4 CITY-ST-ZIP **Minnetonka, MN 55343**
2.1 TITLE **SVP and Chief Actuary** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **Director** Change Addition
3.2 NAME **Jeannine M. Rivet**
3.3 STREET ADDRESS **9900 Bren Road East**
3.4 CITY-ST-ZIP **Minnetonka, MN 55343**
4.1 TITLE **Director and VP, Med. Dir.** Change Addition
4.2 NAME **Lee N. Newcomer, M.D.**
4.3 STREET ADDRESS **9900 Bren Road East**
4.4 CITY-ST-ZIP **Minnetonka, MN 55343**
5.1 TITLE **V.P. and Treasurer** Change Addition
5.2 NAME **David P. Koppe**
5.3 STREET ADDRESS **9900 Bren Road East**
5.4 CITY-ST-ZIP **Minnetonka, MN 55343**
6.1 TITLE **Secretary** Change Addition
6.2 NAME **Brigid M. Spicola**
6.3 STREET ADDRESS **9900 Bren Road East**
6.4 CITY-ST-ZIP **Minnetonka, MN 55343**

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)(k), 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: **Brigid M. Spicola, Secretary** 1/29/96 (612) 936-1300
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/1-16 Phone #

CR2E034 (12/95)