

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996 - 1997



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

APPROVED
AND
FILED

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97 MAR 28 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F95000000874 (6)

1. Corporation Name

TRAVELERS MEDICAL MANAGEMENT SERVICES INC.

Principal Place of Business

Mailing Address

ONE TOWER SQUARE
HARTFORD CT 06183

ONE TOWER SQUARE
HARTFORD CT 06183

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

4. FEI Number

06-1412341

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME DECARLO, DONALD T
STREET ADDRESS ONE TOWER SQUARE, 7PB
CITY-ST-ZIP HARTFORD CT 06183

XX DELETE

TITLE D
NAME FISHMAN, JAY S
STREET ADDRESS ONE TOWER SQUARE, 7PB
CITY-ST-ZIP HARTFORD CT 06183

XX DELETE

TITLE D
NAME CLARKE, CHARLES J
STREET ADDRESS ONE TOWER SQUARE, 7PB
CITY-ST-ZIP HARTFORD CT 06183

XX DELETE

TITLE P
NAME WRIGHT, RONALD O
STREET ADDRESS ONE TOWER SQUARE, 7PB
CITY-ST-ZIP HARTFORD CT 06183

XX DELETE

TITLE VCO
NAME MCCOY, HARRY D
STREET ADDRESS ONE TOWER SQUARE, 7PB
CITY-ST-ZIP HARTFORD CT 06183

XX DELETE

TITLE VCO
NAME MACLEAN, BRIAN
STREET ADDRESS ONE TOWER SQUARE, 7PB
CITY-ST-ZIP HARTFORD CT 06183

XX DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Clarke, Charles J.
1.3 STREET ADDRESS One Tower Square, 8 GS
1.4 CITY-ST-ZIP Hartford, CT 06183

Change X Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE S
3.2 NAME Eddy, Paul H.
3.3 STREET ADDRESS One Tower Square, 7 PB
3.4 CITY-ST-ZIP Hartford, CT 06183

Change X Addition

4.1 TITLE P
4.2 NAME Sacks, Lester L.
4.3 STREET ADDRESS One Tower Square, 8 PB
4.4 CITY-ST-ZIP Hartford, CT 06183

Change X Addition

5.1 TITLE AS
5.2 NAME Sadowski, Francis W.
5.3 STREET ADDRESS One Tower Square, 7 PB
5.4 CITY-ST-ZIP Hartford, CT 06183

Change X Addition

6.1 TITLE CFO
6.2 NAME TORSIELLO, ANTHONY S.
6.3 STREET ADDRESS One Tower Square, 8 PB
6.4 CITY-ST-ZIP Hartford, CT 06183

Change X Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis W. Sadowski 3/19/97 (860) 277-6850

CR2E034 (3/96)

A. Allen 3/28

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The Travelers Indemnity Company
The Aetna Casualty and Surety Company
Members of *Travelers Group*

Travelers Insurance
One Tower Square
Hartford, CT 06183

CERTIFIED MAIL. RETURN RECEIPT REQUESTED

March 19, 1997

Division of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

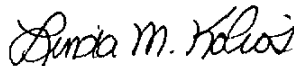
Re: Travelers Medical Management Services Inc.

Dear Sir/Madam:

Enclosed please find an executed Profit Corporation Annual Report which is being filed on behalf of Travelers Medical Management Services, Inc. As I explained in a telephone conversation with your office, I just received this 2nd notice for the 1996 Annual Report. As you are aware, Travelers is a very large organization and, unfortunately, I do not know what address the first notice was mailed to because I never received it. Also enclosed is a check in the amount of \$390.00 in payment of the filing fees.

If you require any further information or if you have any questions, please feel free to contact me. I am sorry for any inconvenience this late filing may have caused. Thank you for your understanding of this matter.

Very truly yours,



Linda M. Kolios
Legal Specialist
Corporate Law - 7 PB
The Travelers Indemnity Company
One Tower Square
Hartford, CT 06183
(860) 277-4869

Enclosures