

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90120 026 \*\*\*150.00

**DOCUMENT # F95000000874**

1. Entity Name

**TRAVELERS MEDICAL MANAGEMENT SERVICES INC.**

Principal Place of Business

Mailing Address

**ONE TOWER SQUARE  
 HARTFORD CT 06183**

**ONE TOWER SQUARE  
 HARTFORD CT 06183**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1412341**

Applied For

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARKE, CHARLES J</b>	
STREET ADDRESS	<b>ONE TOWER SQUARE, 8 GS</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHMAN, JAY S</b>	
STREET ADDRESS	<b>ONE TOWER SQUARE, 8 GS</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>EDDY, PAUL H</b>	
STREET ADDRESS	<b>ONE TOWER SQUARE, 8 MS</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SEIDNER, ADAM</b>	
STREET ADDRESS	<b>ONE TOWER SQUARE, 8PB</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SADOWSKI, FRANCIS W</b>	
STREET ADDRESS	<b>ONE TOWER SQUARE, 8 GS</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>	
TITLE	<b>VCFP</b>	<input type="checkbox"/> Delete
NAME	<b>TORSIELLO, ANTHONY S</b>	
STREET ADDRESS	<b>ONE TOWER SQUARE, 8PB</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sandra A. Williams**

**4/4/01**

Date

**860 277-4861**

Daytime Phone #

CR2E034 (10/00)

Attachment  
D#F950000824  
A045626

STATE OF FLORIDA  
2001 UNIFORM BUSINESS REPORT (UBR)  
TRAVELERS MEDICAL MANAGEMENT SERVICES INC.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (continued)

Title	CEO
Name	RODRIGUEZ, JOHN S
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183
Title	V/CFO
Name	TORSIELLO, ANTHONY S
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183
Title	V
Name	INGBER, ALAN
Street Address	75 HOLLY HILL LANE
City-St-Zip	GREENWICH CT 06830
Title	V
Name	RYAN, GEORGE A
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183
Title	AS
Name	WILLIAMS, SANDRA A
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183
Title	T
Name	WHITE, WILLIAM H
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183
Title	AT
Name	CHAMBERLAIN, CHARLES B
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183
Title	AT
Name	QUAGGIN, GEORGE M JR.
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183