

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90972 044 ***150.00

DOCUMENT # F95000000874

1. Entity Name

Travelers Medical Management Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One Tower Square

Suite, Apt. #, etc.

3. Mailing Address
One Tower Square

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hartford, CT

City & State
Hartford, CT

4. FEI Number
06-1412341

Applied For
Not Applicable

Zip
06183

Country
US

Zip
06183

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

City
Plantation **FL** Zip Code
33324

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) **XX**

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEIDNER, ADAM ONE TOWER SQUARE HARTFORD CT 06183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EDDY, PAUL H. ONE TOWER SQUARE HARTFORD CT 06183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WILLIAMS, SANDRA A ONE TOWER SQUARE HARTFORD, CT 06183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/CFO TORSIELLO, ANTHONY S ONE TOWER SQUARE HARTFORD CT 06183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITE, WILLIAM H ONE TOWER SQUARE HARTFORD CT 06183

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra A. Williams

Sandra A. Williams

3/21/02

860 277-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
D# F9500000874
80057537

STATE OF FLORIDA
2002 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
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 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