


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90344 016 ***150.00

DOCUMENT # F95000000874	
1. Entity Name TRAVELERS MEDICAL MANAGEMENT SERVICES INC.	

Principal Place of Business ONE TOWER SQUARE HARTFORD, CT 06183	Mailing Address ONE TOWER SQUARE HARTFORD, CT 06183
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50038635



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082005 Chg-P CR2E034 (10/03)

4. FEI Number 06-1412341		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, CHARLES J ONE TOWER SQUARE, 8 GS HARTFORD, CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDNER, ADAM ONE TOWER SQUARE HARTFORD, CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDDY, PAUL H ONE TOWER SQUARE, 8 MS HARTFORD, CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, SANDRA A ONE TOWER SQUARE HARTFORD, CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RODRIGUEZ, JOHN S ONE TOWER SQUARE HARTFORD, CT 06183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, GEORGE A ONE TOWER SQUARE HARTFORD, CT 06183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 Sandra A. Williams 4/12/05

Date

860-277-4861

Daytime Phone #

ATTACHMENT

STATE OF FLORIDA
2005 FOR PROFIT CORPORATION ANNUAL REPORT
TRAVELERS MEDICAL MANAGEMENT SERVICES INC.

50038635-
F95000000874

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

Title	D
Name	BENET, JAY S
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	CEO
Name	ARMENTANO, VINCENT
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	VP
Name	GRAFF, GUY
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