

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90403 005 \*\*\*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**

**10080991**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CLARKE, CHARLES J** ☐ Delete  
**ONE TOWER SQUARE, 8 GS**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SEIDNER, ADAM** ☐ Delete  
**ONE TOWER SQUARE**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**EDDY, PAUL H** ☐ Delete  
**ONE TOWER SQUARE, 8 MS**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS**  
**WILLIAMS, SANDRA A** ☐ Delete  
**ONE TOWER SQUARE**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFP**  
**TORSIELLO, ANTHONY S** ☐ Delete  
**ONE TOWER SQUARE, 8PB**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**WHITE, WILLIAM H** ☐ Delete  
**ONE TOWER SQUARE**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SEIDNER, ADAM** ☒ Change ☐ Addition  
**ONE TOWER SQUARE**  
**HARTFORD, CT 06183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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**

**4/17/03**

**(860) 277-4861**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 10080991

#F950000006874

STATE OF FLORIDA  
2003 UNIFORM BUSINESS REPORT (UBR)  
TRAVELERS MEDICAL MANAGEMENT SERVICES INC.

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	D
Name	ELLIOT, DOUGLAS G
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	D
Name	MICHENER, JAMES M
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	CEO
Name	RODRIGUEZ, JOHN S
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

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