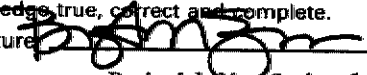


No. C 79010	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX C T CORPORATIN SYSTEM 300 NORTH 6TH STREET BOISE ID 83701			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct METRACOMP INC. CORPORATE TAX 25 CHARLES ST PO BOX 2898 HARTFORD CT 06101	3. Organized Under the Laws of: CT C 79010			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President & Director	Travers H. Wills	300 Opus Center	Minnetonka,	MN	55343
Secretary	Brigid M. Spicola	300 Opus Center	Minnetonka,	MN	55343
Director	David P. Koppe	300 Opus Center	Minnetonka,	MN	55343
Director	Wm. W. McGuire	300 Opus Center	Minnetonka,	MN	55343
		9900 Bren Road East	Minnetonka,	MN	55343
5. NATURE OF BUSINESS MEDICAL COST CONTAINMENT		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u></u> Date <u>10-22-96</u> Name (Typed or Printed) <u>Brigid M. Spicola</u> Title <u>Secretary</u>			
ISSUED: 10-05-1996		115			