

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **824962** (5)
1. Corporation Name
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY



Principal Place of Business Mailing Address
ANY 70 GENESEE STREET UTICA NY 13502-6970
ANY 70 GENESEE STREET UTICA NY 13502-6970

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **08/18/1970** 3a. Date of Last Report **03/20/1995**
4. FEI Number **15-0274810** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FUCHS, CURTIS
2501 W WILLSBORO BLVD #105
DEERFIELD BEACH FL 33442
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when incorporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREWETT, HERBERT E	1.2 NAME	
STREET ADDRESS	MILLINGTON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	POLAND, NY 00000	1.4 CITY - ST - ZIP	
TITLE	SC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, DAVID R.	2.2 NAME	
STREET ADDRESS	66 WHITFORD AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WHITESBORO, NY 00000	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, WILLIAM G	3.2 NAME	
STREET ADDRESS	29 PLYMOUTH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WHITESBORO, NY 00000	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, WILLIAM H	4.2 NAME	
STREET ADDRESS	10340 RIDGECREST RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	UTICA, NY 00000	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREWETT, JAMES D	5.2 NAME	
STREET ADDRESS	BOX 923 GRANT RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLD BROOK NY	5.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JOHN V	6.2 NAME	
STREET ADDRESS	202 Gilbert Rd	6.3 STREET ADDRESS	
CITY - ST - ZIP	New Hartford NY 13413	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David R. Milner* April 1, 1996 (315) 797-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David R Milner, Secretary

CR2E034 (12/95)

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STATE OF FLORIDA MUTUAL INSURANCE COMPANY
 Department of State
 Division of Corporations

1996 CORPORATION ANNUAL REPORT

Company # 824962
 COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

BLOCK 12 - ADDENDUM

<u>Names of Officers and Directors</u>	<u>Title</u>	<u>Address</u>
Gilles, Stephen A	D	1 Shaw St Utica, NY
**** Griffith, Richard R	D	
Kelly, Kevin M	D	2 Glen Street New Hartford, NY
McCarthy, Jeremiah O	D	RR 1, Box 276 Barneveld, NY
Mitchell, Donald J	D	Shells Bush Rd Herkimer, NY
* Porn, John J	D	3 Symphony Dr Whitesboro, NY
Reed, Earle C	D	Military Road Barneveld, NY
Schafer, Arthur W	D	9864 Pierce Rd Holland Patent, NY
Sheldon, Robert N	D	2619 Genesee St Utica NY
Stetson, John B	D	RR 1, Box 251 Barneveld, NY
Vicks, Dwight E., Jr	D	157 Proctor Blvd Utica, NY
Welch, Robert E	D	RR 1, Box 325 Barneveld, NY
Falkenstern, Donald D	VP/C	45 Foote Rd Clinton, NY
Spath, Thomas F	M.D.	21 Canterbury Rd New Hartford NY
** Bloomfield, Bernadette B	VP	
*** Coughlin, Timothy M	VP	34 Floyd St. New York Mills NY
# McCully, Duncan J	VP	5 Slaytonbush La Utica, NY
## Keaveney, Vincent J	Ass't VP	Tibbitts Rd New Hartford NY
Davies, William H	VP	10340 Ridgecrest Rd Utica, NY
Kaminski, Eleanor M	VP	RR 1, Beecher Rd Poland, NY
Dilanian, Kenneth J	VP	76 Brookhaven Dr E Longmeadow, MA
Kulhowick, Thomas W	VP	25 Turnpike Rd Somers, CT
Trevvett, Paul H	Ass't VP	RR 1 Box 116H Old Gravesville Rd Poland, NY
Jorgens, William C	Chief Agent	25 Princess Margaret Blvd,, Etobicoke, Ontario M9A 1Z5

- * DIED 2/22/95
- ** RETIRED 7/1/95
- *** ADDITION
- **** ADDITION
- # ADDITION
- ## ADDITION

ADDENDUM signed by:

David R. Milner

David R. Milner, Secretary

Date: April 1, 1996