

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ANY 70 GENESEE STREET UTICA NY 13502-6970	Mailing Address ANY 70 GENESEE STREET UTICA NY 13502
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

3. Date Incorporated or Qualified 08/18/1970	3a. Date of Last Report 04/11/1996
4. FEI Number 15-0274810	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FUCHS, CURTIS
2501 W. WILLSBORO BLVD #105
DEERFIELD BEACH FL 33442
Change address only

10. Name and Address of New Registered Agent
81 Name *Curtis Fuchs*
82 Street Address (P.O. Box Number is Not Acceptable)
83 *1810 Lake DR*
84 City *Delray Beach* **FL** **85 Zip Code** *33444*

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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TREVETT, HERBERT E	
STREET ADDRESS	MILLINGTON AVE	
CITY - ST - ZIP	POLAND, NY 00000	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	MILNER, DAVID R.	
STREET ADDRESS	66 WHITFORD AVE	
CITY - ST - ZIP	WHITESBORO, NY 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLBROOK, WILLIAM G	
STREET ADDRESS	29 PLYMOUTH AVE	
CITY - ST - ZIP	WHITESBORO, NY 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIES, WILLIAM H	
STREET ADDRESS	10340 RIDGECREST RD	
CITY - ST - ZIP	UTICA, NY 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TREVETT, JAMES D	
STREET ADDRESS	BOX 923 GRANT RD	
CITY - ST - ZIP	COLD BROOK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	CONTINUED ON ATTACHMENT	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>Retired 4/1/96</i>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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* **REQUIRED** **David R. Milner** **Secretary** *4/1/97 (315) 7975200*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

STATE OF FLORIDA
 Department of State
 Division of Corporations

1997 CORPORATION ANNUAL REPORT

Company # 824962
 COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

BLOCK 12 - ADDENDUM

Names of Officers
 and Directors

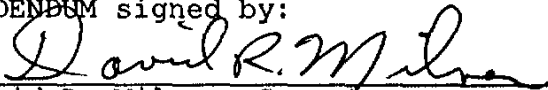
<u>Names of Officers and Directors</u>	<u>Title</u>	<u>Address</u>
Boyle, John V	D	202 Gilbert Rd New Hartford, NY
Gilles, Stephen A	D	1 Shaw St Utica, NY
Griffith, Richard R	D	2 Allen Rd Utica, NY
Kelly, Kevin M	D	2 Glen St New Hartford NY
McCarthy, Jeremiah O	D	RR 1, Box 276 Barneveld, NY
Mitchell, Donald J	D	Shells Bush Rd Herkimer, 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
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
** Joslin, Donald E.	VP	Korber Rd Holland Patent, NY
*** Macrina, Lynne J	Ass't VP	15 Woodlawn Ave E 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	RR 01 Box 2C Poland, NY
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 *

* RETIRED 4/1/96

** ADDITION

*** ADDITION

ADDENDUM signed by:


 David R. Milner, Secretary

Date: April 1, 1997