

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

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Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 13502-6970
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 15-0274810	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FUCHS, CURTIS 1810 LAKE DR DEERFIELD BEACH FL 33444				10. Name and Address of New Registered Agent	
				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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 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	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREWETT, JAMES D	4.2 NAME	
STREET ADDRESS	BOX 923 GRANT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLD BROOK NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Continued on</i>	5.2 NAME	
STREET ADDRESS	<i>attached</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* **David R. Milner** Secretary **4/1/98** (315) 7975200

CR2E034 (10/97)



MUTUAL INSURANCE COMPANY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1998 CORPORATION ANNUAL REPORT

Company # 824962
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

BLOCK 12 - ADDENDUM

Names of Officers
and Directors

Title

Address

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	RR 1, Box 278	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	8300 Trenton Falls	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**
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
Kulhowvick, 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 *

ADDENDUM signed by:

David R. Milner
David R. Milner, Secretary

Date: April 1, 1998