


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

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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90019 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 824962

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 08/18/1970	4. FEI Number 15-0274810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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) 7335 MARSH TERRACE
83 City PORT ST LUCIE
84 City
85 Zip Code FL 34986

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TREWETT, 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	T	<input type="checkbox"/> DELETE
NAME	TREWETT, JAMES D	
STREET ADDRESS	BOX 923 GRANT RD	
CITY-ST-ZIP	COLD BROOK NY	
TITLE	<i>Continued on attached</i>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	
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 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, with all other like empowered.

SIGNATURE: *David R. Milner* **David R. Milner** 4/1/99 315 7975200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E034 (11/98)



MUTUAL INSURANCE COMPANY

DOC-824962
291984-90019-28

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1999 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
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
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	8894 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
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 *

ADDENDUM signed by:

David R. Milner

David R. Milner, Secretary

Date: April 1, 1999