

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90067 032 ***150.00

DOCUMENT # 824962

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 15-0274810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FUCHS, CURTIS
7335 MARSH TERR
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent
Name **EUGENE C. WEBER**
Street Address (P.O. Box Number is Not Acceptable)
566 Barton Blvd - Ste B
PO Box 560806
City **Rockledge** **FL** Zip Code **32955**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE Eugene C. Weber *Eugene C. Weber* *Jan 29, 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREWETT, HERBERT E MILLINGTON AVE POLAND NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MILNER, DAVID R. 66 WHITFORD AVE WHITESBORO NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLBROOK, WILLIAM G 29 PLYMOUTH AVE WHITESBORO NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREWETT, JAMES D BOX 923 GRANT RD COLD BROOK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKS, DWIGHT E JR. 157 PROCTOR BLVD UTICA NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLES, STEPHEN A 1 SHAW ST UTICA NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David R. Milner* **1/31/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



MUTUAL INSURANCE COMPANY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

#824962
723169

2001 CORPORATION ANNUAL REPORT

Company # 824962
COMMERCIAL TRAVELERS MUTUAL INSURANCE C

BLOCK 11 - ADDENDUM

Names of Officers
and Directors

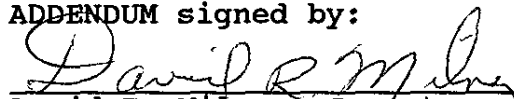
Title

Address

# Compson, Joan W	D	3405 Martin Rd	Clinton, NY
Griffith, Richard R	D	2 Allen Rd	Utica, NY
Hager, Frederick H	D	7500 Norton Ave	Clinton, NY
Hummel, Harison J. III	D	25 Canal St	Mohawk, NY
Kelly, Kevin M	D	2 Glen St	New Hartford NY
McCarthy, Jeremiah O	D	RR 1, Box 276	Barneveld, 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
Trevvett, Paul H	D	392 Pardeeville Rd	Cold Brook, 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
Joslin, Donald E.	VP	Korber Rd	Holland Patent, NY
Macrina, Lynne J	Ass't VP	15 Woodlawn Ave E	Utica, NY
Dilanian, Kenneth J	VP	76 Brookhaven Dr	E Longmeadow, MA
Kulhowick, Thomas W	VP	RR 01 Box 2C	Poland, NY
Trevvett, Paul H	VP	392 Pardeevill Rd	Cold Brook, NY

ADDENDUM signed by:


David R. Milner, Secretary

Date: March 1, 2001