

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90276 027 \*\*\*150.00

NR10406 AT

**DOCUMENT # 824962**

1. Entity Name  
**COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY**

|   |   |
|---|---|
| Principal Place of Business<br><b>ANY</b><br><b>70 GENESEE STREET</b><br><b>UTICA NY 13502-6970</b> | Mailing Address<br><b>ANY</b><br><b>70 GENESEE STREET</b><br><b>UTICA NY 13502-6970</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |   |  |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>15-0274810</b>  |  | Applied For<br>Not Applicable               |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>                             |  | <b>\$8.75</b> Additional Fee Required       |  |
| City & State                   |         | City & State        |         | 6. Name and Address of Current Registered Agent                                       |  | 7. Name and Address of New Registered Agent |  |
| Zip                            | Country | Zip                 | Country | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |   |  |

**6. Name and Address of Current Registered Agent**

**WEBER, EUGENE C**  
**566 BARTON BLVD STE-B**  
**P.O. BOX 560806**  
**ROCKLEDGE FL 32955**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>TREWETT, HERBERT E</b><br><b>MILLINGTON AVE</b><br><b>POLAND NY</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SC</b><br><b>MILNER, DAVID R.</b><br><b>66 WHITFORD AVE</b><br><b>WHITESBORO NY</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>HOLBROOK, WILLIAM G</b><br><b>29 PLYMOUTH AVE</b><br><b>WHITESBORO NY</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>TREWETT, JAMES D</b><br><b>BOX 923 GRANT RD</b><br><b>COLD BROOK NY</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VICKS, DWIGHT E JR.</b><br><b>157 PROCTOR BLVD</b><br><b>UTICA NY</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GILLES, STEPHEN A</b><br><b>1 SHAW ST</b><br><b>UTICA NY</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>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 life empowered.

SIGNATURE: David R. Milner **David R. Milner** Secretary 2/22/02 (800)422-6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACH

DOC# 824962



COMMERCIAL  
TRAVELERS

MUTUAL INSURANCE COMPANY

421424

March 1, 2002

COMPANY DOCKET # 824962 (5)  
CO NAIC 560-81426

STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Corporations  
PO BOX # 13900  
Tallahassee FL 32317

RE: **2002 CORPORATION ANNUAL REPORT --  
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY**

Gentlemen:

Enclosed please find the above captioned Report, together with check in the amount of \$150.00 to cover filing fee.

Yours very truly,

**COMMERCIAL TRAVELERS MUTUAL  
INSURANCE COMPANY**

David R. Milner  
General Counsel/Secretary

/mcp  
Enc.

ATTACH DOC# 824962

42/42

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2002 CORPORATION ANNUAL REPORT

Company # 824962  
COMMERCIAL TRAVELERS MUTUAL INSURANCE C

BLOCK 11 - ADDENDUM

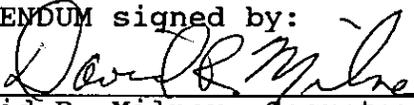
Names of Officers  
and Directors

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          |
| #McGrane, Russell V    | VP            | 4425 Elm Street    | Downers Grove, Il  |
| #Stalder, Brian T.     | VP            | 514 Willow Drive   | Utica, NY          |
| Trevvett, Paul H       | Senior VP/COO | 392 Pardeeville Rd | Cold Brook, NY     |

ADDENDUM signed by:



David R. Milner, Secretary

Date: March 1, 2002