

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2002 90276 027 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-0274810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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) ☐

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **TREWETT, HERBERT E**
 CITY-ST-ZIP **MILLINGTON AVE**
POLAND NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SC**
 STREET ADDRESS **MILNER, DAVID R.**
 CITY-ST-ZIP **66 WHITFORD AVE**
WHITESBORO NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **HOLBROOK, WILLIAM G**
 CITY-ST-ZIP **29 PLYMOUTH AVE**
WHITESBORO NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **TREWETT, JAMES D**
 CITY-ST-ZIP **BOX 923 GRANT RD**
COLD BROOK NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VICKS, DWIGHT E JR.**
 CITY-ST-ZIP **157 PROCTOR BLVD**
UTICA NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GILLES, STEPHEN A**
 CITY-ST-ZIP **1 SHAW ST**
UTICA NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Milner
Secretary

2/22/02
 Date

(800)422-6200
 Daytime Phone #

CR2E034 (9/01)

ATTACH

DOC# 824962



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

A handwritten signature in cursive script that reads "David R. Milner".

David R. Milner
General Counsel/Secretary

/mcp
Enc.

ATTACH DOO# 824962

42/424

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2002 CORPORATION ANNUAL REPORT

Company # 824962
COMMERCIAL TRAVELERS MUTUAL INSURANCE C

BLOCK 11 - ADDENDUM

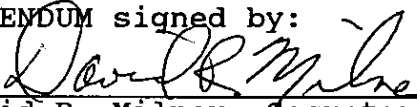
Names of Officers
and Directors

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