


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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	

FILED
04 JAN 13 PM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

WEBER, EUGENE C
2364 ADDINGTON CIRCLE
P.O. BOX 560806
ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100028321281
02/06/04--01023--018 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP TREVETT, PAUL H 392 PARDEEVILLE RD. COLD BROOK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC FALKENSTEIN, DONALD D 45 FOOTE RD. CLINTON, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SHULMAN, ALAN 26 OAKWOOD DRIVE NEW HARTFORD, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPSON, JOAN 3405 MARTIN RD. CLINTON, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVETT, PAUL H 392 PARDEEVILLE RD. COLD BROOK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, ROBERT N 2619 GENESEE ST. UTICA, NY

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #