

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90105 008 \*\*\*150.00

<b>DOCUMENT # 824962</b>	
1. Entity Name <b>COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY</b>	



Principal Place of Business <b>ANY 70 GENESEE STREET UTICA, NY 13502-6970</b>	Mailing Address <b>ANY 70 GENESEE STREET UTICA, NY 13502-6970</b>
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40003193



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

01052005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent <b>WEBER, EUGENE C 2364 ADDINGTON CIRCLE P.O. BOX 560806 ROCKLEDGE, FL 32955</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP TREVETT, PAUL H 392 PARDEEVILLE 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	VPC FALKENSTEIN, DONALD D 45 FOOTE RD. CLINTON, 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	AVP SHULMAN, ALAN 26 OAKWOOD DRIVE NEW HARTFORD, 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 COMPSON, JOAN 3405 MARTIN RD. CLINTON, 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 TREVETT, PAUL H 392 PARDEEVILLE 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 SHELDON, ROBERT N 2619 GENESEE ST. UTICA, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14 Derbyshire Place  
Utica NY 13501

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: David R. Milner **David R. Milner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary 01/07/2005 8004226200  
Date Daytime Phone #

# ATTACHMENT

40003193

## FLORIDA DEPARTMENT OF STATE Division of Corporations

### 2005 CORPORATION ANNUAL REPORT

Company # 824962

COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

### BLOCK 11 B ADDENDUM

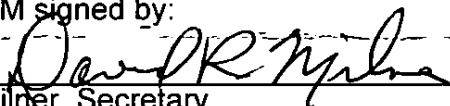
#### Names of Officers and Directors

#### Title

#### Address

Scalzo, Gary D.	D	PO Box 86	New Hartford, NY
Griffith, Richard R	D	2 Allen Rd	Utica, NY
Hager, Frederick H	D	7500 Norton Ave	Clinton, NY
Hummel, Harrison 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	3 Wadsworth Lane	Utica, NY
Stetson, John B	D	8300 Trenton Falls	Barneveld, NY
Vicks, Dwight E., Jr.	D	157 Proctor Blvd.	Utica, NY
Trevvett, Herbert E	President	Millington Ave	Poland, NY
Milner, David R.	S	66 Whitford Ave	Whitesboro, NY
Holbrook, William G.	VP	29 Plymouth Ave	Whitesboro, NY
Sharon P. DeCarr	VP	8522 Chaminade Rd	Marcy, NY
Trevvett, James D.	T	Box 923 Grant Rd	Cold Brook, NY
Macrina, Lynne J	VP	15 Woodlawn Ave E	Utica, NY
Stalder, Brian T.	VP	10889 Cosby Manor Rd	Deerfield, NY
Spath, Thomas F	M.D.	21 Canterbury Rd	New Hartford NY

ADDENDUM signed by:

  
David R. Milner, Secretary

Date: January 7, 2005



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January 7, 2005

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

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

RE: **2005 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.

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