

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90243 049 \*\*\*150.00

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<b>DOCUMENT # 824962</b> 1. Entity Name <b>COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY</b>					
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBER, EUGENE C 2364 ADDINGTON CIRCLE P.O. BOX 560806 ROCKLEDGE, FL 32955				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREVETT, PAUL H		NAME		
STREET ADDRESS	392 PARDEEVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	COLD BROOK, NY		CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALKENSTEIN, DONALD D		NAME		
STREET ADDRESS	45 FOOTE RD.		STREET ADDRESS		
CITY-ST-ZIP	CLINTON, NY		CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULMAN, ALAN		NAME		
STREET ADDRESS	26 OAKWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW HARTFORD, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMPSON, JOAN		NAME		
STREET ADDRESS	3405 MARTIN RD.		STREET ADDRESS		
CITY-ST-ZIP	CLINTON, NY		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREVETT, PAUL H		NAME		
STREET ADDRESS	392 PARDEEVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	COLD BROOK, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELDON, ROBERT N		NAME		
STREET ADDRESS	14 DERBYSHIRE PLACE		STREET ADDRESS		
CITY-ST-ZIP	UTICA, NY 13501		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>David R. Milner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			David R. Milner Secretary <u>01/09/06</u> <u>800-422-6200</u> <small>Date Daytime Phone #</small>		

# ATTACHMENT

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

### 2006 CORPORATION ANNUAL REPORT

Company # 824962  
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

#### BLOCK 11 B ADDENDUM

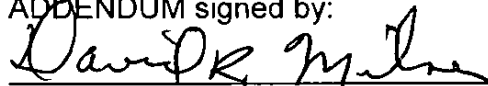
##### Names of Officers and Directors

##### Title

##### Address

Griffith, Richard R	D	2 Viburnum Pl	New Hartford, NY
Hager, Frederick H	D	7147 College Hill Rd	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
Scalzo, Gary D.	D	PO Box 86	New Hartford, NY
Stetson, John B	D	8300 Trenton Falls	Barneveld, NY
Trevvett, Herbert E	D	Millington Ave	Poland, NY
Vicks, Dwight E., Jr.	D	157 Proctor Blvd.	Utica, NY
Trevvett, Paul H.	President	392 Pardeeville Rd	Cold Brook, 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	11 Jones Road	Sauquoit, NY
Stalder, Brian T.	VP	10889 Cosby Manor Rd	Deerfield, NY
Lang, Richard	VP	65 Boulder Brook Dr	Stamford, CT
Thomas P. Moore	VP	6 1/2 Kirkland Ave H-21	Clinton, NY
Spath, Thomas F	M.D.	21 Canterbury Rd	New Hartford, NY

ADDENDUM signed by:



David R. Milner, Secretary

Date: January 9, 2006