

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90093 026 ***150.00

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02022007 Chg-P CR2E034 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 15-0274810	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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="text-align: right;">FL Zip Code</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC FALKENSTEIN, DONALD D 45 FOOTE RD. CLINTON, NY <input checked="" 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	Vice President <input checked="" 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 SHELDON, ROBERT N 14 DERBYSHIRE PLACE UTICA, NY 13501 <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David R. Milner 66 Whitford Avenue Whitesboro, New York 13492 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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>			<u>02/05/2007</u> <u>8004226200</u> <small>Date Daytime Phone #</small>		

ATTACHMENT

ATTACHMENT

40014551

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2007 CORPORATION ANNUAL REPORT

Company # 824962
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

BLOCK 11 B ADDENDUM

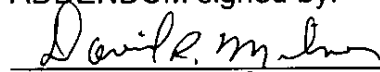
**Names of Officers
and Directors**

Title

Address

Compson, Joan	D	3405 Martin Rd	Clinton, NY
Griffith, Richard R	D/ChB	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
Newell, Cathy M.	D	206 Stonegate Road	New Hartford, NY
Reed, Earle C	D	3 Wadsworth Lane	Utica, NY
Scalzo, Gary D.	D	PO Box 86	New Hartford, NY
Sheldon, Robert N.	D	14 Derbyshire PL	Utica, 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
DeCarr, Sharon P.	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
Shulman, Alan	VP	26 Oakwood Drive	New Hartford, NY
Stalder, Brian T.	VP	10889 Cosby Manor Rd	Deerfield, NY
Lang, Richard	VP	65 Boulder Brook Dr	Stamford, CT
Moore, Thomas P.	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: February 5, 2007