

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 007 ***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**

40002470



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
15-0274810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PCEO
TREVETT, PAUL H
392 PARDEEVILLE RD.
COLD BROOK, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
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
SHELDON, ROBERT N
14 DERBYSHIRE PLACE
UTICA, NY 13501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILNER, DAVID R
66 WHITFORD AVE.
WHITESBORO, NY 13492**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2008

Date

800-422-6200

Daytime Phone #