

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824962

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

## Current Principal Place of Business:

ANY  
70 GENESEE STREET  
UTICA, NY 135026970

## New Principal Place of Business:

70 GENESEE STREET  
UTICA, NY 135026970

## Current Mailing Address:

ANY  
70 GENESEE STREET  
UTICA, NY 135026970

## New Mailing Address:

70 GENESEE STREET  
UTICA, NY 135026970

FEI Number: 15-0274810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WEBER, EUGENE C  
2364 ADDINGTON CIRCLE  
ROCKLEDGE, FL 32955 US

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.

SIGNATURE:

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: TREVETT, PAUL H  
Address: 392 PARDEEVILLE RD.  
City-St-Zip: COLD BROOK, NY

Title: VP ( ) Delete  
Name: SHULMAN, ALAN  
Address: 26 OAKWOOD DRIVE  
City-St-Zip: NEW HARTFORD, NY

Title: D ( ) Delete  
Name: COMPSON, JOAN  
Address: 3405 MARTIN RD.  
City-St-Zip: CLINTON, NY

Title: D ( ) Delete  
Name: SHELDON, ROBERT N  
Address: 14 DERBYSHIRE PLACE  
City-St-Zip: UTICA, NY 13501

Title: S ( ) Delete  
Name: MILNER, DAVID R  
Address: 66 WHITFORD AVE.  
City-St-Zip: WHITESBORO, NY 13492

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. MILNER

SEC

01/05/2009

Electronic Signature of Signing Officer or Director

Date