

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824962

FILED
Jan 06, 2011
Secretary of State

Entity Name: COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

70 GENESEE STREET
UTICA, NY 135026970 US

New Principal Place of Business:

Current Mailing Address:

70 GENESEE STREET
UTICA, NY 135026970 US

New Mailing Address:

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
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID R. MILNER

S

01/06/2011

Electronic Signature of Signing Officer or Director

Date