

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824962

Entity Name: COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

70 GENESEE STREET
UTICA, NY 13502-6970

FILED
Feb 26, 2021
Secretary of State
2513725107CC

Current Mailing Address:

2 E GILMAN ST
MADISON, WI 53703 US

FEI Number: 15-0274810

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CHIEF EXECUTIVE OFFICER
Name OLSON, KNUT L
Address 812 LAKEWOOD BLVD.
City-State-Zip: MADISON WI 53704

Title SECRETARY/GENERAL COUNSEL
Name SHAUL, KIMBERLY A
Address 1173 FARWELL DRIVE
City-State-Zip: MADISON WI 53704

Title VP, CFO
Name STODDARD, NANCY L
Address 5128 BROOKFIELD PKWY
City-State-Zip: MADISON WI 53718

Title APPOINTED ACTUARY
Name DUROW, DANIEL T
Address 204 W LAKE PARK PL
City-State-Zip: LAKE MILLS WI 53551

Title DIRECTOR
Name HASTINGS, FRANK CURTIS
Address 3636 LAKE MENDOTA DR
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name HUMMEL, HARRISON JOHN III
Address 25 CANAL ST
City-State-Zip: MOHAWK NY 13407

Title DIRECTOR
Name OLSZEWSKI, DANIEL PETER
Address 9815 FALLEN LEAF DRIVE
City-State-Zip: MIDDLETON WI 53562

Title DIRECTOR
Name WALSH, DAVID GRAVES
Address 150 E GILMAN ST
 STE 5000
City-State-Zip: MADISON WI 53703

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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: NANCY L STODDARD

VF & CFO

02/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WOLTER, GARY JOSEPH
Address 2628 WAUNONA WAY
City-State-Zip: MADISON WI 53713

Title TREASURER
Name MATSON, TIMOTHY THOMAS
Address 53 CHAMINADE DR.
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name KRUGER, DAVID W
Address 2325 SUGAR RIVER ROAD
City-State-Zip: VERONA WI 53593