

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824962

Entity Name: COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**70 GENESEE STREET
UTICA, NY 13502-6970**Current Mailing Address:**70 GENESEE STREET
UTICA, NY 13502-6970 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 SOLVERUD, MARK L
Address 4539 DEERING TRAIL
City-State-Zip: MIDDLETON WI 53562

Title TREASURER/CFO
Name METCALF, DEREK J
Address 2344 ESSEX DRIVE
City-State-Zip: SUN PRAIRIE WI 53590

Title VP/ACTUARY & ASST SECRETARY
Name SHULMAN, ALAN L
Address 1904 BRADFORD AVENUE
City-State-Zip: UTICA NY 13501

Title SECRETARY/GENERAL COUNSEL
Name DEW, MATHEW J III
Address 7321 SOUTHERN OAK PLACE
City-State-Zip: MADISON WI 53719

Title SENIOR VICE PRESIDENT
Name GRECE, PHILIP W III
Address 306 100TH AVENUE
City-State-Zip: CLAYTON WI 54004

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: DEREK J METCALF**TREASURER & CFO****04/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date