

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211508769

1.) CORPORATION NAME:

**COMMERCIAL TRAVELERS MUTUAL INSURANCE
COMPANY**

DUE DATE: **6/30/2011**

SCC ID NO: **F0097107**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 70 GENESEE ST

CITY/ST/ZIP: UTICA, NY 13502-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAUL H TREVVETT
TITLE: P/CEO
ADDRESS: 392 PARDEEVILLE RD
CITY/ST/ZIP/CO: COLD BROOK, NY 13324-

OFFICER

DIRECTOR

NAME: SHARON P DECARR
TITLE: VICE PRESIDENT
ADDRESS: 8522 CHAMINADE RD
CITY/ST/ZIP/CO: MARCY, NY 13403-

OFFICER

DIRECTOR

NAME: RICHARD R GRIFFITH
TITLE: COB
ADDRESS: 12 VIBURNUM PL
CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413-

OFFICER

DIRECTOR

NAME: RICHARD P MASSARO
TITLE: CFO
ADDRESS: 2 WOODBERRY LANE
CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413-

OFFICER

DIRECTOR

NAME: DAVID R MILNER
TITLE: SECRETARY
ADDRESS: 66 WHITFORD AVENUE
CITY/ST/ZIP/CO: WHITESBORO, NY 13492-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DAVID R MILNER</u>	<u>DAVID R MILNER, SECRETARY</u>	<u>4/28/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.