

1.) CORPORATION NAME: COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	DUE DATE: 6/30/2013 SCC ID NO: F0097107 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
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	
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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: MARK L. SOLVERUD TITLE: PRESIDENT ADDRESS: 4539 DEERING TRAIL CITY/ST/ZIP/CO: MIDDLETON, WI 53562	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MATHEW J. DEW TITLE: SECRETARY ADDRESS: 7321 SOUTHERN OAK PLACE CITY/ST/ZIP/CO: MADISON, WI 53593	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN D LARSON TITLE: DIRECTOR ADDRESS: 401 NEW CASTLE WAY CITY/ST/ZIP/CO: MADISON, WI 53704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DEREK J METCALF TITLE: TREASURER ADDRESS: 2344 ESSEX DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53590	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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.

/s/ DEREK JMETCALF	DEREK JMETCALF,	5/15/2013
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.