

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **818638** (9)  
1. Corporation Name  
**GRAPHIC ARTS MUTUAL INSURANCE COMPANY**

Principal Place of Business  
**180 GENESEE ST.  
P O BOX 530  
UTICA NY 13503**

Mailing Address  
**180 GENESEE ST.  
P O BOX 530  
UTICA NY 13503**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1985</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>13-5274760</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDIA, ROY, A</b>	12 NAME	<b>See Attached Listing</b>
STREET ADDRESS	<b>200 HUDSON ST</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	14 CITY-ST-ZIP	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HESTON, W CRAIG</b>	22 NAME	
STREET ADDRESS	<b>180 GENESEE STREET</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HARTFORD NY</b>	24 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAPISEK, JOHN R</b>	32 NAME	
STREET ADDRESS	<b>180 GENESEE ST.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HARTFORD NY</b>	34 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARDLEY, GEORGE P</b>	42 NAME	
STREET ADDRESS	<b>180 GENESEE ST</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HARTFORD NY</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEECHING, CHARLES T</b>	52 NAME	
STREET ADDRESS	<b>153 LOOKOUT CIRCLE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMILLUS NY</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, RICHARD G</b>	62 NAME	
STREET ADDRESS	<b>4720 EAST LAKE ROAD</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>CAZENOVIA NY</b>	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John R. Zapisek* 4/22/98 315-734-2000

CR2E034 (10/97)

GRAPHIC ARTS MUTUAL INSURANCE COMPANY  
BOARD OF DIRECTORS

Mr. Charles T. Beeching, Jr.  
Bond, Schoeneck & King  
One Lincoln Center  
Syracuse, NY 13202

Mr. Alfred E. Calligaris  
Chairman  
The Stebbins Engineering &  
Manufacturing Company, Inc.  
363 Eastern Boulevard  
Watertown, NY 13601

Mr. Roy A. Cardia  
President  
M & M Bindery, Inc.  
200 Hudson Street  
New York, NY 10013

Mr. Richard G. Clark  
Chairman  
Clarks Petroleum Service, Inc.  
Oxbow Road  
Canastota, NY 13032

Mr. David E. Harden  
Chairman  
Harden Furniture Company  
1 Mill Pond Way  
McConnellsville, NY 13401

Mr. Jerry J. Hartman  
President  
Reese Press  
2301 Kirk Avenue  
Baltimore, MD 21218-6275

Mr. W. Craig Heston  
Chairman & CEO  
Utica Mutual Insurance Company  
180 Genesee Street  
New Hartford, NY 13413

Mr. Herbert P. Ladds, Jr.  
President  
Columbus McKinnon Corporation  
140 John James Audubon Parkway  
Amherst, NY 14228

Mr. F.X. Matt, II  
Chairman  
F.X. Matt Brewing Company  
811 Edward Street  
Utica, NY 13502

Mr. J. Douglas Robinson  
President & COO  
Utica Mutual Insurance Company  
180 Genesee Street  
New Hartford, NY 13413

Mr. Henry Westphalen, Jr.  
P.O. Box 686  
Dorset West Road  
Dorset, VT 05251

Mr. Jacob E. Worner  
The Plantation  
124 Twelve Oaks Lane  
Ponte Vedra Beach, FL 32082

Mr. John R. Zapisek  
SVP/Treasurer  
Utica Mutual Insurance Company  
180 Genesee Street  
New Hartford, NY 13413