NEW HARTFORD, NY 13413				
Current Mailing Address:				
180 GENESEE ST. NEW HARTFORD, NY 13413				
FEI Number: 13-5274760		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
200 E. GAINES	ER - CHIEF FINANCIAL OFFICER ST , FL 32399-0000 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: BRIAN W. MILLER - CHIEF FINANCIAL OFFICER				04/28/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
Officer/Dire		Title	PRESIDENT & COO	Date
	ctor Detail :	Title Name	PRESIDENT & COO MARTIN, KRISTEN H	Date
Title	ctor Detail : CHAIRMAN & CEO			Date
Title Name	ctor Detail : CHAIRMAN & CEO CREEDON, RICHARD P	Name	MARTIN, KRISTEN H	Date
Title Name Address	ctor Detail : CHAIRMAN & CEO CREEDON, RICHARD P 180 GENESEE STREET	Name Address	MARTIN, KRISTEN H 180 GENESEE STREET	Date
Title Name Address City-State-Zip:	Ctor Detail : CHAIRMAN & CEO CREEDON, RICHARD P 180 GENESEE STREET NEW HARFORD NY 13413	Name Address City-State-Zip:	MARTIN, KRISTEN H 180 GENESEE STREET NEW HARTFORD NY 13413	Date
Title Name Address City-State-Zip: Title	ctor Detail : CHAIRMAN & CEO CREEDON, RICHARD P 180 GENESEE STREET NEW HARFORD NY 13413 D	Name Address City-State-Zip: Title	MARTIN, KRISTEN H 180 GENESEE STREET NEW HARTFORD NY 13413 SECRETARY	Date
Title Name Address City-State-Zip: Title Name	ctor Detail : CHAIRMAN & CEO CREEDON, RICHARD P 180 GENESEE STREET NEW HARFORD NY 13413 D BACHMAN, CLARENCE W 180 GENESEE ST.	Name Address City-State-Zip: Title Name	MARTIN, KRISTEN H 180 GENESEE STREET NEW HARTFORD NY 13413 SECRETARY RUFFINE, LOUISA S 180 GENESEE ST.	Date

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: LOUISA S. RUFFINE

REED, TIMOTHY R

City-State-Zip: NEW HARTFORD NY 13413

180 GENESEE STREET

Electronic Signature of Signing Officer/Director Detail

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: GRAPHIC ARTS MUTUAL INSURANCE COMPANY

DOCUMENT# 818638

180 GENESEE ST.

Name

Address

Current Principal Place of Business:

04/28/2021 Date

FILED Apr 28, 2021

Secretary of State

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