

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818638

Entity Name: GRAPHIC ARTS MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**180 GENESEE ST.
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:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	ROBINSON, J. DOUGLAS
Address	180 GENESEE STREET
City-State-Zip:	NEW HARFORD NY 13413

Title	P
Name	LYTWYNEC, BRIAN P
Address	180 GENESEE STREET
City-State-Zip:	NEW HARTFORD NY 13413

Title	D
Name	BACHMAN, CLARENCE W
Address	180 GENESEE ST.
City-State-Zip:	NEW HARTFORD NY 13413

Title	S
Name	MARTIN, KRISTEN H
Address	180 GENESEE ST.
City-State-Zip:	NEW HARTFORD NY 13413

Title	D
Name	HARTMAN, JERRY J
Address	2301 KIRK AVENUE
City-State-Zip:	BALTIMORE MD 21218

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: KRISTEN H. MARTIN**SVP & SECRETARY****04/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date