2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803675

Apr 14, 2010 Secretary of State

Entity Name: UTICA MUTUAL INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

180 GENESEE ST

NEW HARTFORD, NY 13413 US

Current Mailing Address: New Mailing Address:

P.O BOX 530

UTICA, NY 13503 US

FEI Number: 15-0476880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 323990000 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 Pegistered Agent

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C

Name: UTICA MUTUAL INSURANCE COMPANY

Address: 180 GENESSEE ST

City-St-Zip: NEW HARTFORD, NY 13413 US

Title: CCEO

Name: ROBINSON, J. DOUGLAS
Address: 180 GENESEE STREET
City-St-Zip: NEW HARTFORD, NY 13413

Title:

Name: CASALE, CYNTHIA L Address: 180 GENESEE ST

City-St-Zip: NEW HARTFORD, NY 13413

Title:

Name: WARDLEY, GEORGE P Address: 180 GENESEE ST City-St-Zip: NEW HARTFORD, NY

Title: [

Name: BACHMAN, C W
Address: 150 RESEARCH BLVD
City-St-Zip: ROCHESTER, NY 14623

Title:

Name: HARTMAN, JERRY J. Address: 2301 KIRK AVENUE City-St-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: CYNTHIA L. CASALE T 04/14/2010