2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# 803675

Entity Name: UTICA MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

180 GENESEE ST
NEW HARTFORD, NY 13413 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 530
UTICA, NY 13503 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

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: P
Name: LYTWYNEC, BRIAN P
Address: 180 GENESEE ST
City-St-Zip: NEW HARTFORD, NY 13413

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

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

Title: D
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: GEORGE P. WARDLEY III S 04/27/2011

Electronic Signature of Signing Officer or Director — Date