

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803675

FILED  
Apr 02, 2012  
Secretary of State

**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 GENESEE 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: BRIAN W. MILLER

AVP

04/02/2012

Electronic Signature of Signing Officer or Director

Date