

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Utica Mutual Insurance Company
Name of Corporation

DOCUMENT NUMBER: 803675

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carrie VanHatten

Name of Contact Person

Utica Mutual Insurance Company

Firm/Company

180 Genesee Street

Address

New Hartford, NY 13413

City/State and Zip Code

carrie.vanhatten@uticanational.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie VanHatten

Name of Contact Person

at (315) 734-2152

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2522 MAY -9 PM 3:40
TALLAHASSEE, FL
DEPARTMENT OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Utica Mutual Insurance Company
2. The principal office address: 180 Genesee Street, New Hartford NY 13413
3. The mailing address (if different): P.O. Box 530, Utica NY 13503-0530
4. Date of incorporation/qualification: 02/13/1914 Document number: 803675
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brian W. Miller - Chief Financial Officer

200 E. Gaines St.

Tallahassee, FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chief Financial Officer

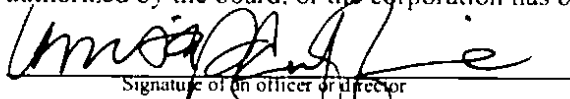
200 E. Gaines St.

P.O. Box NOT acceptable

Tallahassee, FL 32399

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Louisa S. Ruffine - Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

the CFO is the registered agent per FL Statute 624.422

Signature of Registered Agent

4/29/22

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2022 MAY -9 PM 3:40
TALLAHASSEE, FL
DIVISION OF CORPORATIONS