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e eligible eligible established

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JUL -5 2022 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Graphic Arts Mutual Insurance Company		
Name of Corporation		
DOCUMENT NUMBER: 818638		
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		
Graphic Arts Mutual Insurance Company		
Firm/Company		
180 Genesee Street		P.O
Address	- 1,3	27.0
New Hartford, NY 13413	- 6	328 HAY
City/State and Zip Code		
carrie.vanhatten@uticanational.com		ů,
E-mail address: (to be used for future annual report notification)	4.	PA သ
For further information concerning this matter, please call:	- · p.	3:
Carrie VanHatten at (315) 734-2152		
Name of Contact Person Area Code & Daytime Telephone	Jumbei	

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

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508 , or 617.1508 , Florida Statutes on organized under the laws of the State of New Yo	ork
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation; Graphic Arts Mu	itual Insurance Company	
2. The principal	office address: 180 Genesee Stree	et, New Hartford NY 13413	
3. The mailing a	address (if different): P.O. Box 53	30. Utica NY 13503-0530	
		Document number: 818638	
5. The name and		istered agent and registered office on file with the	
	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 o (if changed):			
	Chief Financial Officer		
	200 E. Gaines St.		
		P.O. Box NOT acceptable	
	Tallahassee, FL 32399		
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its registe	ered agent,
Such change was authorized by the	es authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so
ma	Horthand .	Louisa S. Ruffine - Secretary	
-	e of an officer or director	Printed or typed name and title	_
of my duties, an document is bei	O COMDIV WITH THE PROVISIONS OF	igent and agree to act in this capacity. All statutes relative to the proper and complete po the obligation of my position as registered agent, ige in the registered office address. I hereby confit change,	erformance Or, if this rm that the
	ered agent per FL Statute 624,422	4/29/22	
-	nature of Registered Agent half of an entity:	Date	
T	yped 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)

988 HAY -9 PH 3: 40