

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002966

Entity Name: UTICA FIRST INSURANCE COMPANY**Current Principal Place of Business:**5981 AIRPORT ROAD
ORISKANY, NY 13424**Current Mailing Address:**5981 AIRPORT ROAD
ORISKANY, NY 13424 US**FEI Number:** 15-0476540**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	SHATRAW, SCOTT A
Address	5981 AIRPORT ROAD
City-State-Zip:	ORISKANY NY 13424

Title	VP OF FINANCE
Name	BURCH, KYLE
Address	5981 AIRPORT ROAD
City-State-Zip:	ORISKANY NY 13424

Title	VP, IT
Name	BURNS, JOHN
Address	5981 AIRPORT ROAD
City-State-Zip:	ORISKANY NY 13424

Title	VPM
Name	FLEMING, RYAN
Address	5981 AIRPORT ROAD
City-State-Zip:	ORISKANY NY 13424

Title	SR. VP OF UNDERWRITING
Name	KAIN, SHAWN
Address	5981 AIRPORT ROAD
City-State-Zip:	ORISKANY NY 13424

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: SCOTT A SHATRAW

PRESIDENT & CEO

02/10/2025

Electronic Signature of Signing Officer/Director Detail_____
Date