

1.) CORPORATION NAME:

UTICA MUTUAL INSURANCE COMPANY

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MATTHEW J LUPINO
1100 BOULDERS PARKWAY SUITE 300
PO BOX 13560**

SCC ID NO: **F0048373**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 GENESEE ST

CITY/ST/ZIP: NEW HARTFORD, NY 13413

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BRIAN P LYTWYNEC	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	180 GENESEE ST		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	RAYMOND E COX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO & TREASURER		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	J DOUGLAS ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	KRISTEN H MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & SECRETARY		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	RUSSELL A ACEVEDO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	CLARENCE W BACHMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALFRED E CALLIGARIS DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY A CARDIA DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD P CREEDON DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL D DALY DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL HAGSTROM DIRECTOR 7146 COLLGE HILL RD CLINTON, NY 13323	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY M HARDEN DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY J HARTMAN DIRECTOR 1240 WINDING OAK DRIVE YORK, PA 17403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZELDA J HOLCOMB, PH.D DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS O MATT DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN J POPE, SR DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R REED DIRECTOR 180 GENESEE STREET NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LINDA E ROMANO TITLE: DIRECTOR ADDRESS: 180 GENESEE STREET CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ERIC K SCHOLL TITLE: DIRECTOR ADDRESS: 180 GENESEE STREET CITY/ST/ZIP/CO: NEW HARTFORD, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KRISTEN H MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTEN H MARTIN, SVP & SECRETARY PRINTED NAME AND CORPORATE TITLE	4/26/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.