FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 25 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823545 (9)

1. Corporation Name

THE UNITY MUTUAL LIFE INSURANCE COMPANY CO.

Principal Place of Business	Mailing Address
% JOHN CICO . CONTROLLER ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY 13250-5000	% JOHN CICO . CONTROLLER ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY 13250-5000

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/10/1969
3a. Date of Last Report: 05/17/1994
4. FEI Number: 15-0475585 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GALLAGHER, TOM
INSURANCE COMMISSIONER
LARSON BLDG., 200 E. GAINES ST.
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	WASON, JAY W., JR.	1.2 NAME	Leon Paul Holmes
STREET ADDRESS	ONE UNITY PLAZA	1.3 STREET ADDRESS	One Unity Plaza at Franklin Square
CITY-ST-ZIP	SYRACUSE NY	1.4 CITY-ST-ZIP	Syracuse, NY 13250-5000
TITLE	D	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	CROHN, FRANK T.	2.2 NAME	Marjorie Joan Hunt
STREET ADDRESS	7251 W. PALMETTO PK. RD.	2.3 STREET ADDRESS	One Unity Plaza at Franklin Square
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Syracuse, NY 13250-5000
TITLE	D	3.1 TITLE	VP ☐ Change ☒ Addition
NAME	BEECHING, CHARLES T., JR	3.2 NAME	Robert Owen Sheppard
STREET ADDRESS	ONE LINCOLN CENTER	3.3 STREET ADDRESS	One Unity Plaza at Franklin Square
CITY-ST-ZIP	SYRACUSE NY	3.4 CITY-ST-ZIP	Syracuse, NY 13250-5000
TITLE	VP	4.1 TITLE	VP ☐ Change ☒ Addition
NAME	GARAFALO, DOMINIC J.	4.2 NAME	Nelson John Woodruff
STREET ADDRESS	ONE UNITY PLAZA	4.3 STREET ADDRESS	One Unity Plaza at Franklin Square
CITY-ST-ZIP	SYRACUSE NY	4.4 CITY-ST-ZIP	Syracuse, NY 13250-5000
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	IRVINE, BRUCE K.	5.2 NAME	
STREET ADDRESS	ONE UNITY PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	5.4 CITY-ST-ZIP	
TITLE	AVP	6.1 TITLE	☐ Change ☐ Addition
NAME	CICO, JOHN D	6.2 NAME	
STREET ADDRESS	ONE UNITY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE N.	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/14/95 (315)449-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484748 FN