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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

823545

(9)

DOCUMENT # 823545 (9)  1. Corporation Name  THE UNITY MUTUAL LIFE INSURANCE COMPANY CO.				Laduri dere hebb indi duk e		
Principal Place	e of Business	Mailing Address			1881 BING BIBAN BIBAN BIBAN BABIN BABIN BIBAN 1884	
% JOHN CICO . CONTROLLER ONE UNITY PLAZA AT FRANKLIN SOUARE SYRACUSE NY 13250-5000		% JOHN CICO . CONTROLLER ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY 13250-5000				
				3. Date Incorporated or Qualified 11/10/1969	3a. Date of Last Report 03/22/1995	
2. Principa! Pla 1	ace of Business	2a. Mailing Address 26		4. FEI Number 15-0475585	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & State	9	City & State			Fee Required	
3		28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Ζίρ <b>4</b> ]	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for	r intangible tax under s. 199.032,	
	9. Name and Address of Currer	nt Registered Agent	[30]	Florida Statutes Ye  10. Name and Address of New		
			81 Name			
GALLAGHER, TOM INSURANCE COMMISSIONER		82 Street A	Address (P.O. Box Number is Not Accepta	ble)		
	N BLDG., 200 E. GAINES ST.		83			
	HASSEE FL 32399-0300					
			84 City		FL 85 Zip Code	
<ol> <li>Puremant t</li> </ol>	o the provisions of Sections 607.0502	2 and 607 1508. Florida Statut	too the shows seemed as		<del></del>	
or registere familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorized in 607.0505, Florida Statutes	tes, the above-named co- zed by the corporation's I s.	rporation submits this statement for the puboard of directors. I hereby accept the app	urpose of changing its registered office pointment as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	I and title if applicable (No	o. OTE: Registered Agent signature re	equired when renstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	Land title if applicable (NO	OTE: Registered Agent signature re	equirod when renslating: ADDITIONS/CHANGES TO OFI	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN  VP HOLMES, LEON P	Land tile if applicable (NO D DIRECTORS	OTE: Registered Agent signature re 13. 1.1 TILE	ADDITIONS/CHANGES TO OFF	DATÉ	
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SIGNATURE:

John D. Cico SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

422/86 (315) 448-7000 Degree Proce