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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **11/10/1969**
3a. Date of Last Report: **03/22/1995**

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)

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLMES, LEON P ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President, COO Mannion, Patrick A. One Unity Plaza @ Franklin Sq. Syracuse, New YOrk 13250-5000 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUNT, MARJORIE J ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	AVP Jones, Kimberly A. One Unity Plaza @ Franklin Square Syracuse, New York 13250-5000 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHEPPARD, ROBERT O ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	AVP Toplin, Alfred S. One Unity Plaza @ Franklin Square Syracuse, New York 13250-5000 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WOODRUFF, NELSON J ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Brown, Joyce, F. One Unity Plaza @ Franklin Square Syracuse, New York 13250-5000 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IRVINE, BRUCE K. ONE UNITY PLAZA SYRACUSE NY	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Hornig, George R. One Unity Plaza @ Franklin Square Syracuse, New York 13250-5000 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP CICO, JOHN D ONE UNITY PLAZA SYRACUSE N	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: _____ John D. Cico 4/22/96 (315) 448-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #