


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **823545** (9)  
1. Corporation Name  
**THE UNITY MUTUAL LIFE INSURANCE COMPANY CO.**



Principal Place of Business <b>% JOHN CICO . CONTROLLER ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY 13250-5000</b>	Mailing Address <b>% JOHN CICO . CONTROLLER ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE NY 13250-5000</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/10/1969</b>		3a. Date of Last Report <b>04/30/1996</b>	
				4. FEI Number <b>15-0475585</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMES, LEON P</b>	1.2 NAME	
STREET ADDRESS	<b>ONE UNITY PLAZA AT FRANKLIN SQUARE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYRACUSE NY</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNT, MARJORIE J</b>	2.2 NAME	
STREET ADDRESS	<b>ONE UNITY PLAZA AT FRANKLIN SQUARE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYRACUSE NY</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHEPPARD, ROBERT O</b>	3.2 NAME	<b>Garafalo, Dominic S.</b>
STREET ADDRESS	<b>ONE UNITY PLAZA AT FRANKLIN SQUARE</b>	3.3 STREET ADDRESS	<b>One unity Plaza at Franklin Square</b>
CITY-ST-ZIP	<b>SYRACUSE NY</b>	3.4 CITY-ST-ZIP	<b>Syracuse NY</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, JOYCE F</b>	4.2 NAME	<b>Kopicki, Joyce H.</b>
STREET ADDRESS	<b>ONE UNITY PLAZA AT FRANKLIN SQUARE</b>	4.3 STREET ADDRESS	<b>One Unity Plaza at Franklin Square</b>
CITY-ST-ZIP	<b>SYRACUSE NY</b>	4.4 CITY-ST-ZIP	<b>Syracuse, NY</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IRVINE, BRUCE K.</b>	5.2 NAME	<b>Wason, Say W., Jr.</b>
STREET ADDRESS	<b>ONE UNITY PLAZA</b>	5.3 STREET ADDRESS	<b>One Unity Plaza at Franklin Square</b>
CITY-ST-ZIP	<b>SYRACUSE NY</b>	5.4 CITY-ST-ZIP	<b>Syracuse, NY</b>
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CICO, JOHN D</b>	6.2 NAME	
STREET ADDRESS	<b>ONE UNITY PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYRACUSE N.</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **SIGNATURE REQUIRED**

CR2E034 (4/97)