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May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1969	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 15-0475585	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		25. Country		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. City	84. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VP	HOLMES, LEON P	VP	HOLMES, LEON P
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	1.3 STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE
CITY - ST - ZIP	SYRACUSE NY	1.4 CITY - ST - ZIP	SYRACUSE NY
TITLE	NAME	2.1 TITLE	2.2 NAME
VP	HUNT, MARJORIE J	VP	HUNT, MARJORIE J
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	2.3 STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE
CITY - ST - ZIP	SYRACUSE NY	2.4 CITY - ST - ZIP	SYRACUSE NY
TITLE	NAME	3.1 TITLE	3.2 NAME
VP	GARAFALO, DOMINIC J	VP	GARAFALO, DOMINIC J
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQ	3.3 STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQ
CITY - ST - ZIP	SYRACUSE NY	3.4 CITY - ST - ZIP	SYRACUSE NY
TITLE	NAME	4.1 TITLE	4.2 NAME
VP	KOPCH, JOYCE H	VP	KOPCH, JOYCE H
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	4.3 STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE
CITY - ST - ZIP	SYRACUSE NY	4.4 CITY - ST - ZIP	SYRACUSE NY
TITLE	NAME	5.1 TITLE	5.2 NAME
VP	WASON, JAY W JR	VP	WASON, JAY W JR
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQ	5.3 STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQ
CITY - ST - ZIP	SYRACUSE NY	5.4 CITY - ST - ZIP	SYRACUSE NY
TITLE	NAME	6.1 TITLE	6.2 NAME
VP/CFO	CICO, JOHN D	VP/CFO	CICO, JOHN D
STREET ADDRESS	ONE UNITY PLAZA	6.3 STREET ADDRESS	ONE UNITY PLAZA
CITY - ST - ZIP	SYRACUSE NY	6.4 CITY - ST - ZIP	SYRACUSE NY

14. I 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: _____

4-20-98

CR2E034 (10/97)