

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90025 029 ***150.00

DOCUMENT # 823545

1. Corporation Name

THE UNITY MUTUAL LIFE INSURANCE COMPANY CO.



Principal Place of Business Mailing Address
% JOHN CICO, ~~CONTROLLER~~ CFO
ONE UNITY PLAZA AT FRANKLIN SQUARE
SYRACUSE NY 13250-5000
% JOHN CICO, ~~CONTROLLER~~ CFO
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	
21		26		11/10/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		15-0475585	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25		30			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	AVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, LEON P	1.2 NAME	
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	1.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, MARJORIE J	2.2 NAME	
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	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	GARAFALO, DOMINIC J	3.2 NAME	2nd VP John A Walsh
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	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPCIK, JOYCE H	4.2 NAME	SVP
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASON, JAY W JR	5.2 NAME	
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQ	5.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	5.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICO, JOHN D	6.2 NAME	
STREET ADDRESS	ONE UNITY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

315-448-7000
Daytime Phone #