

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90442 011 \*\*\*150.00

**DOCUMENT # 823545**

1. Entity Name

**UNITY MUTUAL LIFE INSURANCE COMPANY**

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**

00006100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **15-0475585**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, TOM**  
**INSURANCE COMMISSIONER**  
**LARSON BLDG., 200 E. GAINES ST.**  
**TALLAHASSEE FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **AVP**  
STREET ADDRESS **HOLMES, LEON P**  
CITY-ST-ZIP **ONE UNITY PLAZA AT FRANKLIN SQUARE**  
**SYRACUSE NY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **AVP**  
STREET ADDRESS **CLARKE, JOANNE M**  
CITY-ST-ZIP **ONE UNITY PLAZA @ FRANKLIN SQ**  
**SYRACUSE NY 13250-5000**TITLE ☒ Change ☐ Addition  
NAME **Clarke, Jeanne M**  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **2VP**  
STREET ADDRESS **WALSH, JOHN A**  
CITY-ST-ZIP **ONE UNITY PLAZA AT FRANK SQ**  
**SYRACUSE NY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **KOPCIK, JOYCE H**  
CITY-ST-ZIP **ONE UNITY PLAZA AT FRANKLIN SQUARE**  
**SYRACUSE NY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **SVP**  
STREET ADDRESS **WASON, JAY W JR**  
CITY-ST-ZIP **ONE UNITY PLAZA AT FRANKLIN SQ**  
**SYRACUSE NY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VCFO**  
STREET ADDRESS **CICO, JOHN D**  
CITY-ST-ZIP **ONE UNITY PLAZA**  
**SYRACUSE N.**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John D Cico****4/20/01**  
Date**(315) 448-7000**  
Daytime Phone #

CR2E034 (10/00)

**UNITY MUTUAL LIFE INSURANCE COMPANY**  
**EIN: 15-0475585**

Attachment to 2001 Uniform Business Report

Block 11 – Officers & Directors (continued)

Vice-Presidents

Masella, Joseph  
PO Box 5000  
Syracuse, NY 13250

Schumacher, John J  
PO Box 5000  
Syracuse, NY 13250

Goodfellow, Sharon V  
PO Box 5000  
Syracuse, NY 13250

Jones, Kimberly A  
PO Box 5000  
Syracuse, NY 13250

Mattozzi, Richard A  
PO Box 5000  
Syracuse, NY 13250

Maywalt, Martha A  
PO Box 5000  
Syracuse, NY 13250

Dalpan, Christine A  
PO Box 5000  
Syracuse, NY 13250

Freedman, Kenneth S  
PO Box 5000  
Syracuse, NY 13250

Stevenson, Barbara E  
PO Box 5000  
Syracuse, NY 13250

Mullane, Keith G  
PO Box 5000  
Syracuse, NY 13250

Shaw, Jeffery S  
PO Box 5000  
Syracuse, NY 13250

Sim, Gregory J  
PO Box 5000  
Syracuse, NY 13250

Toplin, Alfred S  
PO Box 5000  
Syracuse, NY 13250

Wilber, Lynette K  
PO Box 5000  
Syracuse, NY 13250

Gustafson, Richard A  
PO Box 5000  
Syracuse, NY 13250

Mizer, Nancy L  
PO Box 5000  
Syracuse, NY 13250

Slaby, Edward J  
PO Box 5000  
Syracuse, NY 13250

Cambareri, Kathleen  
PO Box 5000  
Syracuse, NY 13250

Directors

Herbert, Eugene T  
PO Box 5000  
Syracuse, NY 13250

Crohn, Frank T  
PO Box 5000  
Syracuse, NY 13250

Mannion Patrick A  
PO Box 5000  
Syracuse, NY 13250

Mannion Terence A  
PO Box 5000  
Syracuse, NY 13250

O'Halloran William J  
PO Box 5000  
Syracuse, NY 13250

Pietrafesa, Robert D  
PO Box 5000  
Syracuse, NY 13250

Shaw, Kenneth A  
PO Box 5000  
Syracuse, NY 13250

Turberg, Phillip A  
PO Box 5000  
Syracuse, NY 13250

Walsh, Joseph N, Jr  
PO Box 5000  
Syracuse, NY 13250

Brown, Joyce F  
PO Box 5000  
Syracuse, NY 13250

Horning, George R  
PO Box 5000  
Syracuse, NY 13250

Gough, Arnold G, Jr  
PO Box 5000  
Syracuse, NY 13250

Ryan, Elaine M  
PO Box 5000  
Syracuse, NY 13250

Harrison, Scott R  
PO Box 5000  
Syracuse, NY 13250

Attachments

Doc # 423545  
COOLBA190