

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90047 010 ***150.00

DOCUMENT # 823545

1. Entity Name
UNITY MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business
% JOHN CICO, CONTROLLER
ONE UNITY PLAZA AT FRANKLIN SQUARE
SYRACUSE NY 13250-5000

Mailing Address
P.O. BOX 5000
ONE UNITY PLAZA AT FRANKLIN SQUARE
SYRACUSE NY 13250-5000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

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

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, 2002 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	AVP	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, LEON P	
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	CLARKE, JEANNE M	
STREET ADDRESS	ONE UNITY PLAZA @ FRANKLIN SQ	
CITY-ST-ZIP	SYACUSE NY 13250-5000	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	WALSH, JOHN A	
STREET ADDRESS	ONE UNITY PLAZA AT FRANK SQ	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOPCIK, JOYCE H	
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQUARE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WASON, JAY W JR	
STREET ADDRESS	ONE UNITY PLAZA AT FRANKLIN SQ	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CICO, JOHN D	
STREET ADDRESS	ONE UNITY PLAZA	
CITY-ST-ZIP	SYRACUSE N.	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick A. Mannion	
STREET ADDRESS	One Unity Plaza at Franklin Square	
CITY-ST-ZIP	Syracuse, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02

Date

Daytime Phone #

CR2E034 (9/01)