

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90129 030 ***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

% Joyce H. Kopcik CFO

Suite, Apt. #, etc.
P.O. Box 5000

City & State
Syracuse, NY

Zip
13250-5000

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
15-0475585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
MANNION, PATRICK A
ONE UNITY PLAZA AT FRANKLIN SQUARE
SYRACUSE, NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

AVP
CLARKE, JEANNE M
ONE UNITY PLAZA @ FRANKLIN SQ
SYRACUSE, NY 132505000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2VP
WALSH, JOHN A
ONE UNITY PLAZA AT FRANK SQ
SYRACUSE, NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VP
KOPCIK, JOYCE H
ONE UNITY PLAZA AT FRANKLIN SQUARE
SYRACUSE, NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SVP
WASON, JAY W JR
ONE UNITY PLAZA AT FRANKLIN SQ
SYRACUSE, NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VCFO
CICO, JOHN D
ONE UNITY PLAZA
SYRACUSE, N. ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ Change ☐ Addition
P.O. Box 5000

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VP
P.O. Box 5000 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2VP Treasurer
P.O. Box 5000 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SVP/CFO
P.O. Box 5000 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P.O. Box 5000 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SVP/Actuary
Edward S. Slatky
P.O. Box 5000
Syracuse, NY 13250-5000 ☒ Change ☐ Addition

12. 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 10 or Block 11 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 A. Walsh

4-7-04 (315)448-7000

Date

Daytime Phone #