## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## Aug 02, 2005 8:00 am Secretary of State

08-02-2005 90030 011 \*\*\*150.00

FILED

## **DOCUMENT #823545**

1. Entity Name UNITY MUTUAL LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 50059140 P.O. BOX 5000 C/O JOYCE H KOPCIK, CFO P.O. BOX 5000 ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE, NY 13250-5000 SYRACUSE, NY 13250-5000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 15-0475585 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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 lide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANNION, PATRICK A NAME NAME STREET ADDRESS P.O. BOX 5000 STREET ADDRESS CITY-ST-ZIP SYRACUSE, NY CITY-ST-ZIP VP ☐ Delete TITLE SVP Change ☐ Addition CLARKE, JEANNE M NAME NAME STREET ADDRESS P.O. BOX 5000 STREET ADDRESS CITY-ST-ZIP SYACUSE, NY 132505000 CITY-ST-ZIP VP Treasurer 2VPT TITLE Defete TITLE Change ■ Addition WALSH, JOHN A NAME NAME STREET ADORESS P.O. BOX 5000 STREET ADDRESS CITY-ST-ZIP SYRACUSE, NY CITY-ST-ZIP 5VP/CFO TITLE SVOP ☐ Delete ШÆ (XLChange ☐ Addition KOPCIK, JOYCE H NAME NAME STREET ADDRESS P.O. BOX 5000 STREET ADDRESS CITY - ST - 71P SYRACUSE, NY CITY-ST-ZIP TITLE TITLE SVP ☐ Change ☐ Addition Delete NAME WASON, JAY W JR NAME STREET ADDRESS P.O. BOX 5000 STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-70P

TITLE

NAME

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SYRACUSE, NY

SLABY, EDWARD

SYRACUSE, NY 132505000

P.O. BOX 5000

SVPA

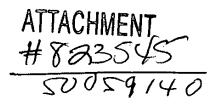
GIEO NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

☐ Delete

Addition

☐ Change





July 27, 2005

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

Enclosed please find Unity Mutual Life Insurance Company's 2005 Annual Report along with a check in the amount of \$150.00. I would like to request that the \$400.00 late fee be waived since a letter was never received prior to the notice that our company had not filed the report. I apologize for any inconvenience this may have caused and I will update our records to ensure that future filings will be made prior to the May 1<sup>st</sup> deadline. If I can be of any further assistance please feel free to contact me at 315-448-7171.

Very truly yours,

John AV. Walsh

Vice President/Controller & Treasurer

Enclosures