2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State
07-11-2007 90079 011 ***150.00

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1. Entity Name
UNITY MUTUAL LIFE INSURANCE COMPANY

4014444

Principal Place of Business	Mailing Address
C/O JOYCE H KOPCIK, CFO P.O. BOX 5000 SYRACUSE, NY 13250-5000	P.O. BOX 5000 ONE UNITY PLAZA AT FRANKLIN SQUARE SYRACUSE, NY 13250-5000

07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANNION, PATRICK A
STREET ADDRESS	P.O. BOX 5000
CITY-ST-ZIP	SYRACUSE, NY
TITLE	SVP
NAME	CLARKE, JEANNE M
STREET ADDRESS	P.O. BOX 5000
CITY-ST-ZIP	SYACUSE, NY 132505000
TITLE	VPT
NAME	WALSH, JOHN A
STREET ADDRESS	P.O. BOX 5000
CITY-ST-ZIP	SYRACUSE, NY
TITLE	SVPC
NAME	KOPCIK, JOYCE H
STREET ADDRESS	P.O. BOX 5000
CITY-ST-ZIP	SYRACUSE, NY
TITLE	SVP
NAME	WASON, JAY W JR
STREET ADDRESS	P.O. BOX 5000
CITY-ST-ZIP	SYRACUSE, NY
TITLE	SVPA
NAME	SLABY, EDWARD
STREET ADDRESS	P.O. BOX 5000
CITY-ST-ZIP	SYRACUSE, NY 132505000

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John A. Walsh 7/5/07 315-448-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #