

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823545

FILED
May 07, 2009
Secretary of State

Entity Name: UNITY MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

C/O JOYCE H KOPCIK, CFO
P.O. BOX 5000
SYRACUSE, NY 132505000

New Principal Place of Business:

C/O JOYCE H KOPCIK, CFO
507 PLUM STREET
SYRACUSE, NY 13204

Current Mailing Address:

P.O. BOX 5000
ONE UNITY PLAZA AT FRANKLIN SQUARE
SYRACUSE, NY 132505000

New Mailing Address:

FEI Number: 15-0475585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANNION, PATRICK A
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY

Title: SVP () Delete
Name: CLARKE, JEANNE M
Address: P.O. BOX 5000
City-St-Zip: SYACUSE, NY 132505000

Title: VPT () Delete
Name: WALSH, JOHN A
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY

Title: SVPC () Delete
Name: KOPCIK, JOYCE H
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY

Title: SVP () Delete
Name: WASON, JAY W JR
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY

Title: SVPA () Delete
Name: SLABY, EDWARD
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY 132505000

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. WALSH

VP

05/07/2009

Electronic Signature of Signing Officer or Director

Date