

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823545

FILED
Mar 08, 2011
Secretary of State

Entity Name: UNITY MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MANNION, PATRICK A
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY 132505000

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

Title: EVP
Name: MASELLA, JOSEPH
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY 132505000

Title: SVPC
Name: KOPCIK, JOYCE H
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY 132505000

Title: SVP
Name: WASON, JAY W JR
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY 132505000

Title: SVP
Name: GUSTAFSON, RICHARD A
Address: P.O. BOX 5000
City-St-Zip: SYRACUSE, NY 132505000

I hereby 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 all other like empowered.

SIGNATURE: JOYCE H. KOPCIK

SVP

03/08/2011

Electronic Signature of Signing Officer or Director

Date