## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 851744**

FILED Apr 10, 2004 Secretary of State

Entity Name: UTICA NATIONAL LIFE INSURANCE COMPANY

**Current Principal Place of Business: New Principal Place of Business:** 180 GENESEE STREET NEW HARTFORD, NY 13413 **Current Mailing Address: New Mailing Address:** 180 GENESEE STREET NEW HARTFORD, NY 13413 FEI Number: 16-1112757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition DOUGLAS, ROBINSON J DOUGLAS, ROBINSON J Name: Name: 180 GENESEE DT 180 GENESEE ST Address: Address: NEW HARTFORD, NY 13413 City-St-Zip: NEW HARTFORD, NY 13413 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CARDIA, ROY A. Name: 200 HUDSON STREET Address: Address: NEW YORK, NY City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HARTMAN, JERRY J Name: Name: 2301 KIRK AVE Address: Address: City-St-Zip: BALTIMORE, MD 21218 City-St-Zip: Title: PD () Delete Title: (X) Change ( ) Addition CUNNINGHAM, DAVID PAOLOZZI, ANTHONY C Name: Name: Address: 180 GENESEE ST Address: 180 GENESEE ST. City-St-Zip: NEW HARTFORD, NY 13413 City-St-Zip: NEW HARTFORD, NY 13413 Title: Title: () Delete (X) Change ( ) Addition WARDLEY, GEORGE P., Name: WARDLEY, GEORGE P Name: 180 GENESEE ST. Address: 180 GENESEE ST. Address: NEW HARTFORD, NY 13413 City-St-Zip: NEW HARTFORD, NY City-St-Zip: Title: () Delete Title: () Change () Addition CALLIGARIS, ALFRED E. Name: Name: 363 EASTERN BOULEVARD Address: Address: City-St-Zip: City-St-Zip: WATERTOWN, NY

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY C. PAOLOZZI TREA 04/10/2004