2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# 851744

Entity Name: UTICA NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

180 GENESEE STREET
NEW HARTFORD, NY 13413

New Principal Place of Business:

Current Mailing Address:

180 GENESEE STREET
NEW HARTFORD, NY 13413

New Mailing Address:

FEI Number: 16-1112757 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: DOUGLAS, ROBINSON J
Address: 180 GENESEE ST
City-St-Zip: NEW HARTFORD, NY 13413

Title: D ( ) Delete
Name: CARDIA, ROY A.
Address: 200 HUDSON STREET
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete
Name: HARTMAN, JERRY J
Address: 2301 KIRK AVE
City-St-Zip: BALTIMORE, MD 21218

Title: T ( ) Delete
Name: PAOLOZZI, ANTHONY C
Address: 180 GENESEE ST.
City-St-Zip: NEW HARTFORD, NY 13413

Title: S ( ) Delete
Name: WARDLEY, GEORGE P
Address: 180 GENESEE ST.
City-St-Zip: NEW HARTFORD, NY 13413

Title: D ( ) Delete
Name: CALLIGARIS, ALFRED E.
Address: 363 EASTERN BOULEVARD
City-St-Zip: WATERTOWN, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: ROBINSON, JAMES D
Address: 180 GENESEE ST
City-St-Zip: NEW HARTFORD, NY 13413

Title: D (X) Change ( ) Addition
Name: CARDIA, ROY A
Address: 200 HUDSON STREET
City-St-Zip: NEW YORK, NY

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: D (X) Change ( ) Addition
Name: CALLIGARIS, ALFRED E
Address: 363 EASTERN BOULEVARD
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: PATRICIA A. PATLA ASST. CONTROLLER AC 04/14/2005

Electronic Signature of Signing Officer or Director — Date