

1.) CORPORATION NAME:

**UNITY FINANCIAL LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**ALBERT M ORGAIN IV**

**1111 E. MAIN ST., SUITE 2400**

**P.O. BOX 1998**

**RICHMOND, VA 23218-1998**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

DUE DATE: **10/31/2011**

SCC ID NO: **F0184020**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,200,000
PREFER	75

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4675 CORNELL ROAD STE 160

CITY/ST/ZIP: CINCINNATI, OH 45241-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER

DIRECTOR

NAME: THOMAS C HARDY  
TITLE: P/CEO  
ADDRESS: 4675 CORNELL ROAD STE 160  
CITY/ST/ZIP/CO: CINCINNATI, OH 45241-

OFFICER

DIRECTOR

NAME: PATRICK A MANNION  
TITLE: COB  
ADDRESS: P.O. BOX 5000  
CITY/ST/ZIP/CO: SYRACUSE, NY 13250-5000

OFFICER

DIRECTOR

NAME: JAY C HARDY  
TITLE: VICE PRESIDENT  
ADDRESS: 4675 CORNELL ROAD, STE 160  
CITY/ST/ZIP/CO: CINCINNATI, OH 45241-

OFFICER

DIRECTOR

NAME: RICHARD POLLARD  
TITLE: DIRECTOR  
ADDRESS: P O BOX 1381  
CITY/ST/ZIP/CO: BINGHAMTON, NY 13902-

OFFICER

DIRECTOR

NAME: MICHAEL FOSBURY  
TITLE: DIRECTOR  
ADDRESS: P O BOX 1381  
CITY/ST/ZIP/CO: BINGHAMTON, NY 13902-

NAME: ALAN FEAGIN TITLE: DIRECTOR ADDRESS: 400 CAPITAL CIRCLE SE SUITE 18-135 CITY/ST/ZIP/CO: TALLAHASSEE, FL 32301-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALEXANDER M CLARK TITLE: DIRECTOR ADDRESS: 527 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN B YANKO TITLE: DIRECTOR ADDRESS: 6257 LAKESHORE DIRVE CITY/ST/ZIP/CO: DALLAS, TX 75214-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BETH A ADKINS TITLE: TREASURER ADDRESS: 4675 CORNELL ROAD, STE 160 CITY/ST/ZIP/CO: CINCINNATI, OH 45241-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ BETH A ADKINS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BETH A ADKINS, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>10/31/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		