

Amended Statement Cover

Amended for Page 6...Included Assumed business in original filing. Removed for Amended filing.

Amended for Notes...Updated to only include disclosures for annual Note 1A, 5D, 5E(3)b, 5I(2), 5I(3), 11B, 12A(4),17B(2)b,17B(4)a, 17B(4)b, 17C, 20, 21H, 21J and 25



QUARTERLY STATEMENT AS OF MARCH 31, 2014 OF THE CONDITION AND AFFAIRS OF THE UNITY FINANCIAL LIFE INSURANCE COMPANY

NAIC Group Code _____ , _____ NAIC Company Code 63819 Employer's ID Number 23-1640528
(current period) (prior period)

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Incorporated/Organized 05/06/1964 Commenced Business 05/06/1964

Statutory Home Office 4675 Cornell Road, Suite 160 , Cincinnati, OH, 45241
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4675 Cornell Road, Suite 160
(Street and Number)

Cincinnati, OH, 45241 (513)247-0711
(City or Town, State, Country and Zip Code) (Area Code)(Telephone Number)

Mail Address P.O. Box 625700 , Cincinnati, OH, 45262-5700
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4675 Cornell Road, Suite 160
(Street and Number)

Cincinnati, OH, 45241 (513)247-0711
(City or Town, State, Country and Zip Code) (Area Code)(Telephone Number)

Internet Website Address www.uflife.com

Statutory Statement Contact Beth Adkins (513)247-5665
(Name) (Area Code)(Telephone Number)

badkins@uflife.com (513)247-5040-
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Thomas Cresson Hardy	Chairman/CEO #
Jay Cresson Hardy	President #
Elaine Marie Greer	Secretary
Beth Anne Adkins	Treasurer

VICE-PRESIDENTS

Beth Anne Adkins, Vice President	Elaine Marie Greer, Assistant Vice President
Cynthia Lee English, Vice President	Christopher Kuhnen, Vice President

DIRECTORS OR TRUSTEES

David Benjamin Abraham	Thomas Cresson Hardy
Alexander Meeker Clark	John Joseph Waller
Jerry Michael Gannon	John Bernard Yanko
Jay Cresson Hardy	

State of Ohio

County of Hamilton ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Jay Hardy	(Signature) Elaine Greer	(Signature) Beth Adkins
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

9th day of May 2014

(Notary Public Signature)

a. Is this an original filing? Yes[X] No []

b. If no: 1. State the amendment number 0
 2. Date filed _____
 3. Number of pages attached 0

EXHIBIT 1**DIRECT PREMIUMS AND DEPOSIT - TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life			
2. Ordinary life insurance	5,432,205	6,076,927	22,900,229
3. Ordinary individual annuities			
4. Credit life (group and individual)			
5. Group life insurance	10,159,404	10,073,650	44,191,769
6. Group annuities			
7. A & H - group			
8. A & H - credit (group and individual)			
9. A & H - other			
10. Aggregate of all other lines of business			
11. Subtotal	15,591,609	16,150,577	67,091,998
12. Deposit-type contracts			
13. Total	15,591,609	16,150,577	67,091,998
DETAILS OF WRITE-INS			
1001.			
1002.			
1003.			
1098. Summary of remaining write-ins for Line 10 from overflow page			
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)			

Notes to Financial Statement1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Unity Financial Life Insurance Company (“the Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures* manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

NET INCOME	STATE	2014	2013
State Basis (Page 4, Line 35, Columns 1&2)	OHIO	\$ 224,460	\$ 1,135,386
State Prescribed Practices that increase/decrease SAP	OHIO	0	0
State Permitted Practices that increase/decrease SAP	OHIO	0	0
NAIC SAP		\$ 224,460	\$ 1,135,386
SURPLUS	STATE	2014	2013
State Basis (Page 4, Line 35, Columns 1&2)	OHIO	\$ 11,121,652	\$ 11,102,485
State Prescribed Practices that increase/decrease SAP	OHIO	0	0
State Permitted Practices that increase/decrease SAP	OHIO	0	0
NAIC SAP		\$ 11,121,652	\$ 11,102,485

5. Investments

D. Loan Backed Securities

- (1) Prepayment assumptions for mortgage-backed/loan backed and structured securities were obtained from broker dealer survey values.
- (2) The Company does not have any recognized securities with Other Than Temporary Impairments.
- (3) The Company does not have any recognized securities with Other Than Temporary Impairments to list by cusip.
- (4) Impaired Securities (Fair Value less than Cost or Amortized Cost)
 - a. The aggregate amount of unrealized losses:
 1. Less than 12 months \$ 61,869.70
 2. 12 months or Longer \$ 531,427.57
 - b. The aggregate related fair value of securities with unrealized losses:
 1. Less than 12 months \$ 1,622,218.65
 2. 12 months or Longer \$ 6,252,247.52

Notes to Financial Statement

- (5) For loan backed securities with an unrealized loss, management considers the size and duration of the loss, whether the security is backed by an agency of the United States government, general economic data, management's assessment of whether it has the ability and intent to hold the security and whether it is more than likely than not it will be required to sell the security before its anticipated recovery. Based upon management's review of the Company's loan backed securities using the aforementioned criteria and the relative insignificance of the unrealized loss position of those securities, the Company concluded that there are no Other Than Temporary Impaired loan backed securities as of March 31, 2014.

E. Repurchase Agreements and/or Securities Lending Transactions – No Change.

I. Working Capital Finance Investments – Not Applicable.

11. Debt – No Change.

12. Retirement Plans, Deferred Compensation, and Other Postretirement Benefits – No Change.

17. Sales Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – No Change.

20. Fair Value Measurements – No Change.

21. Other Items – No Change.

25. Change in Incurred Losses and Loss Adjustment Expenses – No Change.