FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 28 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **809871** **(7)**

1. Corporation Name

THE CENTRAL NATIONAL LIFE INSURANCE COMPANY OF O MAHA

Principal Place of Business	Mailing Address
400 BENEFICIAL CENTER PEAPACK NJ 07977 US	300 BENEFICIAL CENTER PEAPACK NJ 07977 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1965	3a. Date of Last Report: 05/01/1994
4. FEI Number: 47-0397286	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 33329

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature typed for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, DANIEL R.	12 NAME		
STREET ADDRESS	400 BENEFICIAL CTR	13 STREET ADDRESS		
CITY ST ZIP	PEAPACK NJ	14 CITY ST ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	COZZA, PATRICK A.	22 NAME		
STREET ADDRESS	400 BENEFICIAL CTR	23 STREET ADDRESS		
CITY ST ZIP	PEAPACK NJ	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	WOLFANGER, LAVERNE R.	32 NAME		
STREET ADDRESS	400 BENEFICIAL CTR	33 STREET ADDRESS		
CITY ST ZIP	PEAPACK NJ	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	HEINLE, ROBERT G.	42 NAME		
STREET ADDRESS	300 BENEFICIAL CENTER	43 STREET ADDRESS		
CITY ST ZIP	PEAPACK NJ	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	GRIMM, EDWARD S.	52 NAME		
STREET ADDRESS	400 BENEFICIAL CENTER	53 STREET ADDRESS		
CITY ST ZIP	PEAPACK NJ	54 CITY ST ZIP		
TITLE	S	61 TITLE	Secretary	☒ Change ☐ Addition
NAME	POOLE, GLORIA P.	62 NAME	Leonard M. Fisher	
STREET ADDRESS	400 BENEFICIAL CENTER	63 STREET ADDRESS	400 Beneficial Center	
CITY ST ZIP	PEAPACK NJ	64 CITY ST ZIP	Peapack, NJ 07977	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: _____ James J. McDonough, AVP 4/27/95 (908) 781-4715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03P4078 FP