FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 809871 (7)

1. Corporation Name

THE CENTRAL NATIONAL LIFE INSURANCE COMPANY OF O
MAHA

Principal Place of Business
400 BENEFICIAL CENTER
PEAPACK NJ 07977
US

Mailing Address
300 BENEFICIAL CENTER
PEAPACK NJ 07977
US

3. Date Incorporated or Qualified: 02/23/1965
3a. Date of Last Report: 04/28/1995
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 ______

12. OFFICERS AND DIRECTORS

TITLE	CPD	☐ DELETE
NAME	O'BRIEN, DANIEL R.	
STREET ADDRESS	400 BENEFICIAL CTR	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VTD	☐ DELETE
NAME	COZZA, PATRICK A.	
STREET ADDRESS	400 BENEFICIAL CTR	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VD	☐ DELETE
NAME	WOLFANGER, LAVERNE R.	
STREET ADDRESS	400 BENEFICIAL CTR	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	V	☐ DELETE
NAME	HEINLE, ROBERT G.	
STREET ADDRESS	300 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	V	☐ DELETE
NAME	GRIMM, EDWARD S.	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	S	☐ DELETE
NAME	LEONARD M. FISHER	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
5.2 NAME	LAWRENCE R. BAHNEMAN	
5.3 STREET ADDRESS	400 BENEFICIAL CENTER	
5.4 CITY-ST-ZIP	PEAPACK, NJ 07977	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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, or on an attachment with an address.

SIGNATURE: JAMES J. MCDONOUGH, AVP 3/21/96 (908) 781-4715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #