**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 FEB 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 841010 (2)

1. Corporation Name

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 205 W.FOURTH ST.<br>CINCINNATI OH 45202 | 205 W.FOURTH ST.<br>CINCINNATI OH 45202 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1978
3a. Date of Last Report: 03/03/1994

| 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 |

4. FEI Number: 45-0252531 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| DRUSA, SYLVIA<br>20 N. ORANGE, SUITE 1500<br>ORLANDO FL 32801 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | SCHEPER, CHARLES R | 12 NAME | SCHEPER, CHARLES R | |
| STREET ADDRESS | 205 W 4TH ST | 13 STREET ADDRESS | 205 WEST FOURTH STREET | |
| CITY-ST-ZIP | CINCINNATI OH | 14 CITY-ST-ZIP | CINCINNATI, OH 45202 | |
| TITLE | ~~VD~~ | 21 TITLE | VSD | ☐ Change ☒ Addition |
| NAME | ~~PINEUR, ROBERT G~~ | 22 NAME | G. Kirk Ellis | |
| STREET ADDRESS | ~~1750 E. GULF ROAD~~ | 23 STREET ADDRESS | 1750 E. Golf Road | |
| CITY-ST-ZIP | ~~SCHAUMBURG IL~~ | 24 CITY-ST-ZIP | Schaumburg, IL 60173 | |
| TITLE | T | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | CRUME, CATHERINE A | 32 NAME | | |
| STREET ADDRESS | 205 W 4TH ST | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CINCINNATI OH | 34 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ | 41 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~VLEET, WILLIAM B VAN~~ | 42 NAME | THOMAS J BROPHY | |
| STREET ADDRESS | ~~304 N MAIN ST~~ | 43 STREET ADDRESS | 1750 EAST GOLF ROAD | |
| CITY-ST-ZIP | ~~ROCKFORD IL~~ | 44 CITY-ST-ZIP | SCHAUMBURG, IL 60173 | |
| TITLE | ~~D~~ | 51 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~BOYLE, JOAN F~~ | 52 NAME | DAVID H POPPLEWELL | |
| STREET ADDRESS | ~~304 N MAIN ST~~ | 53 STREET ADDRESS | 205 WEST FOURTH STREET | |
| CITY-ST-ZIP | ~~ROCKFORD IL~~ | 54 CITY-ST-ZIP | CINCINNATI, OH 45202 | |
| TITLE | ~~CO~~ | 61 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~NAUERT, PETER W.~~ | 62 NAME | LEE H RESNICK | |
| STREET ADDRESS | ~~304 N. MAIN ST.~~ | 63 STREET ADDRESS | 304 N MAIN STREET | |
| CITY-ST-ZIP | ~~ROCKFORD IL~~ | 64 CITY-ST-ZIP | ROCKFORD, IL 61101 | |

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, or on an attachment with an address.

SIGNATURE: Catherine A Crume Catherine A. Crume 2/24/95 513/852-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 FP

SECTION 13. ADDITIONAL DIRECTORS

D
Philip J. Fiskow
304 North Main Street
Rockford, Illinois 61101

D
R. F. Nauert
304 North Main Street
Rockford, Illinois 61101

D
David I. Vickers
1750 East Golf Road
Schaumburg, Illinois 60173

Additional Officers

V
Adrienne S. Kessling
205 West Fourth Street
Cincinnati, Ohio 45202