

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841010 (2)**

1. Corporation Name
MANHATTAN NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business: 205 W.FOURTH ST. CINCINNATI OH 45202
Mailing Address: 205 W.FOURTH ST. CINCINNATI OH 45202

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 1750 East Golf Road	26. []	07/05/1978	02/27/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. Schaumburg, IL	28. City & State	45-0252531	Not Applicable
24. 60173	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRUSA, SYLVIA 20 N. ORANGE, SUITE 1500 ORLANDO FL 32801	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SCHEPER, CHARLES R	1.2 NAME	Scheper, Charles Richard
STREET ADDRESS	205 W 4TH ST	1.3 STREET ADDRESS	205 W 4th St
CITY-STATE-ZIP	CINCINNATI OH	1.4 CITY-STATE-ZIP	Cincinnati, OH 45202
TITLE	VSD	2.1 TITLE	DV
NAME	ELLIS, G. KIRK	2.2 NAME	Fiskow, Philip J
STREET ADDRESS	1750 E. GOLF ROAD	2.3 STREET ADDRESS	304 North Main Street
CITY-STATE-ZIP	SCHAUMBURG IL	2.4 CITY-STATE-ZIP	Rockford IL 61101
TITLE	T	3.1 TITLE	V
NAME	CRUME, CATHERINE A	3.2 NAME	Robinson, Lawrence
STREET ADDRESS	205 W 4TH ST	3.3 STREET ADDRESS	205 W 4th St
CITY-STATE-ZIP	CINCINNATI OH	3.4 CITY-STATE-ZIP	Cincinnati, OH 45202
TITLE	D	4.1 TITLE	DV
NAME	BROPHY, THOMAS J.	4.2 NAME	Brophy, Thomas J.
STREET ADDRESS	1750 E. GOLF ROAD	4.3 STREET ADDRESS	1750 E. Golf Road
CITY-STATE-ZIP	SCHAUMBURG IL	4.4 CITY-STATE-ZIP	Schaumburg, IL 60173
TITLE	D	5.1 TITLE	DV
NAME	POPPELWELL, DAVID H.	5.2 NAME	Popplewell, David H.
STREET ADDRESS	205 WEST FOURTH STREET	5.3 STREET ADDRESS	205 W 4th St.
CITY-STATE-ZIP	CINCINNATI OH	5.4 CITY-STATE-ZIP	Cincinnati, OH 45202
TITLE	D	6.1 TITLE	D
NAME	RESNICK, LEE H.	6.2 NAME	VanVleet, William Benjamin
STREET ADDRESS	304 N. MAIN STREET	6.3 STREET ADDRESS	304 North Main Street
CITY-STATE-ZIP	ROCKFORD IL	6.4 CITY-STATE-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)(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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Catherine A. Crume* Catherine A. Crume 1/22/96 513/852-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

BLOCK 12

V

Kessler, Adrienne Susan
205 West Fourth Street
Cincinnati, OH 45202

D

Nauert, Robert Frederick
304 North Main Street
Rockford, IL 61101

D

Vickers, David
1750 East Golf Road
Schaumburg, IL 60173