


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0525946

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90213 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841010**  
 1. Corporation Name  
**MANHATTAN NATIONAL LIFE INSURANCE COMPANY**

Principal Place of Business 222 MERCHANDISE MART PLAZA CHICAGO IL 60654 US	Mailing Address 11825 N PENNSYLVANIA ST DEPT A2A CARMEL IN 46032 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>07/05/1978</b>	Applied For Not Applicable
4. FEI Number <b>45-0252531</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KILIAN, THOMAS J	
STREET ADDRESS	11825 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	11825 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	EVPS	<input type="checkbox"/> DELETE
NAME	SABL, JOHN J	
STREET ADDRESS	11825 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROPHY, THOMAS J	
STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CHICAGO IL 60654	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES S	
STREET ADDRESS	11825 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	COBD	<input type="checkbox"/> DELETE
NAME	HILBERT, STEPHEN C	
STREET ADDRESS	11825 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN 46032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11815 N. Pennsylvania St.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11815 N. Pennsylvania St.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11815 N. Pennsylvania St.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	11815 N. Pennsylvania St.
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	11815 N. Pennsylvania St.
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Michael A. Colliflower **REQUIRED** Michael A. Colliflower 4/27/99 (317)817-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)