

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90112 040 ***150.00

DOCUMENT # 841010

1. Entity Name

MANHATTAN NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business

**250 EAST 5TH STREET
DEPT B2B
CINCINNATI OH 45202
US**

Mailing Address

**PO BOX 5420
DEPT B2B
CINCINNATI OH 45202
US**

54071661



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

45-0252531

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHEPER, CHARLES R
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVD ☐ Delete
NAME MUETHING, MARK F
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45203

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 45202

TITLE T ☐ Delete
NAME MAGOTEAUX, RICHARD L
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE A ☐ Delete
NAME LESAR, MICHAEL J
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DUTKIEWICZ, MATHEW T
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME RICH, DAVID B
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lee Magoteaux

9/30/04 (513) 357-3300

Date

Daytime Phone #