


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90247 001 \*\*\*150.00

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # 841010</b><br>1. Entity Name<br><b>MANHATTAN NATIONAL LIFE INSURANCE COMPANY</b>   |   |  |   |                |   |
| Principal Place of Business<br><b>250 EAST 5TH STREET<br/>CINCINNATI, OH 45202 US</b>  |   |  | Mailing Address<br><b>PO BOX 5420<br/>CINCINNATI, OH 45202 US</b>   |   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |   |
| City & State   |   | City & State   |   |   |   |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>45-0252531</b>  |   |
|  |   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent   |   |   |
| <b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>   |   |  | Name<br><b>Insurance Commissioner-Florida Dept. of Ins.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>200 East Gaines St., Larson Building</b><br>City<br><b>Tallahassee, FL 323</b> <b>FL 32399-0300</b> |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> PD<br><b>SCHEPER, CHARLES R</b><br><b>250 EAST 5TH STREET</b><br><b>CINCINNATI, OH 45202</b>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> SVD<br><b>MUETHING, MARK F</b><br><b>250 EAST 5TH STREET</b><br><b>CINCINNATI, OH 45202</b>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> T<br><b>MAGOTEAUX, RICHARD L</b><br><b>250 EAST 5TH STREET</b><br><b>CINCINNATI, OH 45202</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> A<br><b>LESAR, MICHAEL J</b><br><b>250 EAST 5TH STREET</b><br><b>CINCINNATI, OH 45202</b>     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> V<br><b>DUTKIEWICZ, MATHEW T</b><br><b>250 EAST 5TH STREET</b><br><b>CINCINNATI, OH 45202</b>            | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> VP<br><b>GRUBER, JOHN P</b><br><b>250 E 5TH ST</b><br><b>CINCINNATI, OH 45202</b>                        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |  |   |   |   |
| <b>SIGNATURE: Richard L. Magoteaux</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <b>03/01/2006</b><br><small>Date</small>  |   | <b>(513) 412-3002</b><br><small>Daytime Phone #</small> |

ATTACHMENT  
40033050  
#841010

Florida

**MANHATTAN NATIONAL LIFE INSURANCE COMPANY (67083)**  
**OFFICERS AND DIRECTORS CONTINUED**  
**December 2005**

**OFFICERS**

VP John P. Gruber  
VP Adrienne S. Kessling

**DIRECTORS**

Bill B. Hill Jr.  
Stephen C. Lindner  
Michael J. Prager  
Christopher P. Miliano

The address for all of the above is: 250 East Fifth Street  
Cincinnati, Ohio 45202

\*Indicates New Officer