

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90008 021 ***150.00

DOCUMENT # 841010

1. Entity Name

Manhattan National Life Insurance Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 East Fifth Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5420

Suite, Apt. #, etc.

City & State

Cincinnati, OH

City & State

Cincinnati, Ohio

Zip

45202

Country

Zip

45201

Country

4. FEI Number

45-0252531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

40048779

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Insurance Commissioner-Florida Dept. of Insurance

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

200 East Gaines Street, Larson Building

City

Tallahassee

FL

Zip Code

32399

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
SCHEPER, CHARLES R
STREET ADDRESS
250 EAST FIFTH STREET
CITY-ST-ZIP
CINCINNATI, OHIO 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MUETHING, MARK F
STREET ADDRESS
250 EAST FIFTH STREET
CITY-ST-ZIP
CINCINNATI, OHIO 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MAGOTEAUX, RICHARD L
STREET ADDRESS
250 EAST FIFTH STREET
CITY-ST-ZIP
CINCINNATI, OHIO 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
LESAR, MICHAEL J
STREET ADDRESS
250 EAST FIFTH STREET
CITY-ST-ZIP
CINCINNATI, OHIO 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
DUTKIEWICZ MATHEW T
STREET ADDRESS
250 EAST FIFTH STREET
CITY-ST-ZIP
CINCINNATI, OHIO 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
GRUBER, JOHN P
STREET ADDRESS
250 EAST FIFTH STREET
CITY-ST-ZIP
CINCINNATI, OHIO 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard L. Magoteaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2007

Date

(513) 357-3300

Daytime Phone #