

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 841010**

1. Entity Name  
**MANHATTAN NATIONAL LIFE INSURANCE COMPANY**



Principal Place of Business  
**250 EAST 5TH STREET  
 CINCINNATI, OH 45202 US**

Mailing Address  
**PO BOX 5420  
 CINCINNATI, OH 45202 US**

**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>45-0252531</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER-FL DEPT OF INS.4  
 200 E GAINES ST, LARSON BLDG.  
 TALLAHASSEE, FL 32399-0300**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHEPER, CHARLES R 250 EAST 5TH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MUETHING, MARK F 250 EAST 5TH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGOTEAUX, RICHARD L 250 EAST 5TH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A LESAR, MICHAEL J 250 EAST 5TH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUTKIEWICZ, MATHEW T 250 EAST 5TH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUBER, JOHN P 250 E 5TH ST CINCINNATI, OH 45202

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 08/03/08-80015-020 150.00

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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.

**SIGNATURE:** *William C Ellis* **William C Ellis** *5/1/08* **(513) 412-1757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #