


**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	
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Principal Place of Business 250 EAST 5TH STREET CINCINNATI, OH 45202 US	Mailing Address PO BOX 5420 CINCINNATI, OH 45202 US
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05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0252531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

**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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06/03/08-80015-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #