

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841010

FILED
Apr 23, 2009
Secretary of State

Entity Name: MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

250 EAST 5TH STREET
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5420
CINCINNATI, OH 45202 US

New Mailing Address:

FEI Number: 45-0252531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER-FL DEPT OF INS.4
200 E GAINES ST, LARSON BLDG.
TALLAHASSEE, FL 323990300 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHEPER, CHARLES R
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: SVD () Delete
Name: MUETHING, MARK F
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: T () Delete
Name: MAGOTEAUX, RICHARD L
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: A () Delete
Name: LESAR, MICHAEL J
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202 US

Title: V () Delete
Name: DUTKIEWICZ, MATHEW T
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: VP () Delete
Name: GRUBER, JOHN P
Address: 250 E 5TH ST
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. ELLIS

AVP

04/23/2009

Electronic Signature of Signing Officer or Director

Date