

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841010

FILED
Mar 17, 2015
Secretary of State
CC3673976301

Entity Name: MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

301 E 4TH STREET
CINCINNATI, OH 45202

Current Mailing Address:

P O BOX 5420
CINCINNATI, OH 45201 US

FEI Number: 45-0252531

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PD
Name LINDNER, STEPHEN C
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title SVD
Name MUETHING, MARK F
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title T
Name MILIANO, CHRISTOPHER P
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title A
Name LESAR, MICHAEL J
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title VP
Name GRUBER, JOHN P
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title SENIOR VP
Name KESSLING, ADRIENNE SUSAN
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title VP
Name SPONAUGLE, BRIAN PATRICK
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

I hereby 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 all other like empowered.

SIGNATURE: BRIAN P. SPONAUGLE

VICE PRESIDENT

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date