

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:25

DOCUMENT # **F92000000119 (9)**

1. Corporation Name

JACKSON NATIONAL FINANCIAL SERVICES, INC.

Principal Place of Business

P.O. BOX 24068
LANSING MI 48909

Mailing Address

P.O. BOX 24068
LANSING MI 48909

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/05/1992

3a. Date of Last Report
02/23/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
38-3023534

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BOYLE, RICHARD
9800 4TH STREET, NORTH, #400
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

PIETRZAK, JIM

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jim Pietrzak

Jim Pietrzak

January 19, 1995

(Date, type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
KNUTSON, JOHN A
5901 EXECUTIVE DRIVE
LANSING MI

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

48911

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

C
CURTIS, STEPHEN K
5901 EXECUTIVE DR.
LANSING MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

48911

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
YOCHMOWITZ, GEORGE S
5901 EXECUTIVE DR.
LANSING MI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

S
MEYER, THOMAS J
5901 Executive Dr
Lansing MI 48911

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
NEWMARCH, MICHAEL G
5901 EXECUTIVE DR.
LANSING MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

48911

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DT
JORDAN, LARRY C
5901 EXECUTIVE DRIVE
LANSING MI

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

48911

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DV
GRAY, WILLIAM A
5901 EXECUTIVE DRIVE
LANSING MI

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

48911

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry C. Jordan

Larry C. Jordan

January 19, 1995

517-887-5029

(Signature and type or printed name of signing officer or director)

(Date) (Telephone Number)