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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

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 48909-4068

3. Date Incorporated or Qualified **11/05/1992**	3a. Date of Last Report **05/01/1996**

4. FEI Number **38-3023534**	Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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

#		#	
2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip	24	Country	25
Zip	29	Country	30

9. Name and Address of Current Registered Agent

PIETRZAK, JIM
9800 4TH STREET, NORTH, #400
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81	Name
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: _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: **PD** — ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME: **KNUTSON, JOHN A**		1.2 NAME	
STREET ADDRESS: **5901 EXECUTIVE DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP: **LANSING MI**		1.4 CITY-ST-ZIP	
TITLE: **V** — ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME: **ELLIOTT, JAY**		2.2 NAME	
STREET ADDRESS: **5901 EXECUTIVE DR**		2.3 STREET ADDRESS	
CITY-ST-ZIP: **LANSING MI**		2.4 CITY-ST-ZIP	
TITLE: **S** — ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME: **MEYER, TOMAS J**		3.2 NAME	
STREET ADDRESS: **5901 EXECUTIVE DR**		3.3 STREET ADDRESS	
CITY-ST-ZIP: **LANSING MI**		3.4 CITY-ST-ZIP	
TITLE: **DT** — ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME: **JORDAN, LARRY C**		4.2 NAME	
STREET ADDRESS: **5901 EXECUTIVE DRIVE**		4.3 STREET ADDRESS	
CITY-ST-ZIP: **LANSING MI**		4.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

CR2E034 (9/96)

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