

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1992	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 38-3023534	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNUTSON, JOHN A		1.2 NAME	ANDREW B. HOPPING	
STREET ADDRESS	5901 EXECUTIVE DRIVE		1.3 STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI		1.4 CITY-ST-ZIP	LANSING, MI 48911	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, TOMAS J		3.2 NAME	AMY D. EISENBEIS	
STREET ADDRESS	5901 EXECUTIVE DR		3.3 STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI		3.4 CITY-ST-ZIP	LANSING, MI 48911	
TITLE	OT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, LARRY C		4.2 NAME	JAMES L. SIMON	
STREET ADDRESS	5901 EXECUTIVE DRIVE		4.3 STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI		4.4 CITY-ST-ZIP	LANSING, MI 48911	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 supplement 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.

CR2E034 (10/97)