

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

DOCUMENT # F92000000119 (9)

1. Corporation Name

JACKSON NATIONAL FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 24068
LANSING MI 48909

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LANSING MI 48909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

4. FEI Number

38-3023534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME KNUTSON, JOHN A
STREET ADDRESS 5901 EXECUTIVE DRIVE
CITY-ST-ZIP LANSING MI ☒ DELETE

1.1 TITLE P
1.2 NAME ANDREW B. HOPPING
1.3 STREET ADDRESS 5901 EXECUTIVE DRIVE
1.4 CITY-ST-ZIP LANSING, MI 48911 ☐ Change ☒ Addition

TITLE V
NAME ELLIOTT, JAY
STREET ADDRESS 5901 EXECUTIVE DR
CITY-ST-ZIP LANSING MI ☐ DELETE

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

TITLE S
NAME MEYER, TOMAS J
STREET ADDRESS 5901 EXECUTIVE DR
CITY-ST-ZIP LANSING MI ☒ DELETE

3.1 TITLE SV
3.2 NAME AMY D. EISENBEIS
3.3 STREET ADDRESS 5901 EXECUTIVE DRIVE
3.4 CITY-ST-ZIP LANSING, MI 48911 ☐ Change ☒ Addition

TITLE OT
NAME JORDAN, LARRY C
STREET ADDRESS 5901 EXECUTIVE DRIVE
CITY-ST-ZIP LANSING MI ☒ DELETE

4.1 TITLE D
4.2 NAME JAMES L. SIMON
4.3 STREET ADDRESS 5901 EXECUTIVE DRIVE
4.4 CITY-ST-ZIP LANSING, MI 48911 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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 to 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 any statement with an address.

CP2E034 (10/97)