

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005130

**Entity Name:** MANNING & NAPIER ADVISORS, LLC**Current Principal Place of Business:**290 WOODCLIFF DRIVE  
FAIRPORT, NY 14450**Current Mailing Address:**290 WOODCLIFF DRIVE  
FAIRPORT, NY 14450**FEI Number:** 45-3240790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MANNING & NAPIER GROUP, LLC  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title CEO  
Name CUNNINGHAM, PATRICK  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title PD  
Name COONS, JEFFREY S  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title CFO  
Name MIKOLAICHUK, JAMES  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title CLO  
Name YATES, RICHARD B  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title CS  
Name THOMAS, MICHELLE  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title MANAGING DIRECTOR, CLIENT  
RELATIONS  
Name STAMEY, CHARLES H  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

Title CO-DIRECTOR OF RESEARCH/CO-  
HEAD OF GLOBAL EQUITY  
Name HERMANN, JEFFREY A  
Address 290 WOODCLIFF DRIVE  
City-State-Zip: FAIRPORT NY 14450

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE THOMAS**CORPORATE SECRETAR** 04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	TREASURER
Name	GALUSHA, BETH H
Address	290 WOODCLIFF DRIVE
City-State-Zip:	FAIRPORT NY 14450