

2016 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 PRESIDENT
Name COONS, JEFFREY S
Address 290 WOODCLIFF DRIVE
City-State-Zip: FAIRPORT NY 14450

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

Title MANAGING DIRECTOR, SALES
Name STAMEY, CHARLES H
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 CHIEF FINANCIAL OFFICER
Name MIKOLAICHUK, JAMES
Address 290 WOODCLIFF DRIVE
City-State-Zip: FAIRPORT NY 14450

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

Title DIRECTOR OF INVESTMENTS
Name BUSHARI, EBRAHIM
Address 290 WOODCLIFF DRIVE
City-State-Zip: FAIRPORT NY 14450

Continues on page 2

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. EMMONS**AUTHORIZED
REPRESENTATIVE****01/11/2016**

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

Title CHIEF COMPLIANCE OFFICER
Name KUSHNER, JESSICA
Address 290 WOODCLIFF DRIVE
City-State-Zip: FAIRPORT NY 14450