

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 841600

1. Entity Name  
JACKSON NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business  
1 CORPORATE WAY  
LANSING, MI 48951

Mailing Address  
1 CORPORATE WAY  
LANSING, MI 48951



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-1659835

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000372831  
07/13/05-80011-010 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFOD  
HOPPING, ANDREW B  
1 CORPORATE WAY  
LANSING, MI 48951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MANNING, CLARK P  
1 CORPORATE WAY  
LANSING, MI 48951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MEYER, THOMAS J  
1 CORPORATE WAY  
LANSING, MI 48951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FRITTS, ROBERT A  
1 CORPORATE WAY  
LANSING, MI 48951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WELLS, MICHAEL A  
401 WILSHIRE BLVD SUITE 1200  
SANTA MONICA, CA 90401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/05 317 381 5300