

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001192

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: MANNING & NAPIER BENEFITS, LLC

**Current Principal Place of Business:**

500 CORPORATE PARKWAY, SUITE 120  
AMHERST, NY 14226

**New Principal Place of Business:**

500 CORPORATE PARKWAY  
SUITE 120  
AMHERST, NY 14226

**Current Mailing Address:**

500 CORPORATE PARKWAY, SUITE 120  
AMHERST, NY 14226

**New Mailing Address:**

500 CORPORATE PARKWAY  
SUITE 120  
AMHERST, NY 14226

FEI Number: 20-3668612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANNING & NAPIER ASS, OCIATES, LLC  
Address: 290 WOODCLIFF DR  
City-St-Zip: FAIRPORT, NY 14450

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MANNING & NAPIER INF, ORMATION SERVI C ES, LLC  
Address: 500 CORPORATE PARKWAY, STE 120  
City-St-Zip: AMHERST, NY 14226

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOHN M. EMMONS

MGR

01/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date