

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006989

FILED
Apr 26, 2007
Secretary of State

Entity Name: JACKSON NATIONAL LIFE DISTRIBUTORS LLC

Current Principal Place of Business:

8055 E. TUFTS AVENUE, SUITE 1000
DENVER, CO 80237

New Principal Place of Business:

Current Mailing Address:

8055 E. TUFTS AVENUE, SUITE 1000
DENVER, CO 80237

New Mailing Address:

1 CORPORATE WAY
ATTN: TAX DEPT S35
LANSING, MI 48951

FEI Number: 38-3241867

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: MGR () Delete
Name: JACK, CLIFFORD D
Address: 8055 E. TUFTS AVENUE, SUITE 1000
City-St-Zip: DENVER, CO 80237

Title: MGR () Delete
Name: MEYER, THOMAS J
Address: 1 CORPORATE WAY
City-St-Zip: LANSING, MI 48951

Title: MGR () Delete
Name: WELLS, MICHAEL A
Address: 401 WILSHIRE BLVD. SUITE 1200
City-St-Zip: SANTA MONICA, CA 90401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS J. MEYER

MGR

04/26/2007

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