

P98000056607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

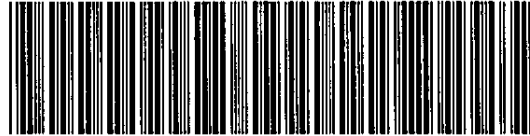
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12-31-15

*Miss*

12/29/15--01014--024 \*\*52.50

FILED  
15 DEC 29 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2015  
A RAMSEY



1 Corporate Way  
Lansing, MI 48951  
Toll Free 800/565-9044

December 1, 2015

Florida Department of State  
Division of Corporations  
Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Sent via overnight delivery*

Dear Sir or Madam:

Enclosed for your review and approval are the Articles of Dissolution for National Planning Insurance Agency, Inc. (P98000056607) and the required filing fee.

The effective date of dissolution is December 31, 2015. Please direct questions to me at 517-367-4318 or [amanda.jenkins@jackson.com](mailto:amanda.jenkins@jackson.com)

Regards,

A handwritten signature in black ink that reads "Amanda Y.E. Jenkins". The signature is written in a cursive, flowing style.

Amanda Y.E. Jenkins  
Attorney, Compliance & Governance

AJE/dav

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Voluntary Dissolution of National Planning Insurance Agency, Inc.

**DOCUMENT NUMBER:** P98000056607

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Y.E. Jenkins

(Name of Contact Person)

Jackson National Life Insurance Company

(Firm/Company)

One Corporate Way

(Address)

Lansing, MI 48951

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Y.E. Jenkins

at ( 517-367-4318

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

12-31-15

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

15 DEC 29 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
National Planning Insurance Agency, Inc.

SECOND: The document number of the corporation (if known): P98000056607

THIRD: The date dissolution was authorized: 12/16/2015

Effective date of dissolution if applicable: December 31, 2015

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

*Todd Maneval*

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Todd Maneval

(Typed or printed name of person signing)

Assistant Vice President

(Title of person signing)