

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006989

**Entity Name:** JACKSON NATIONAL LIFE DISTRIBUTORS LLC

**Current Principal Place of Business:**

1 CORPORATE WAY  
LANSING, MI 48951

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**2343518908CC**

**Current Mailing Address:**

1 CORPORATE WAY  
ATTN: TAX DEPT N33  
LANSING, MI 48951 US

**FEI Number:** 38-3241867

**Certificate of Status Desired:** No

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

C T 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 MGR  
Name HARRIS, BRADLEY  
Address 300 INNOVATION DRIVE  
City-State-Zip: FRANKLIN TN 37067

Title MANAGER  
Name BINIORIS, STEVE P.  
Address 1 CORPORATE WAY  
City-State-Zip: LANSING MI 48951

Title CHAIRMAN  
Name PRIESKORN, LAURA L  
Address 1 CORPORATE WAY  
City-State-Zip: LANSING MI 48951

Title MANAGER  
Name ROMINE, SCOTT  
Address 300 INNOVATION DRIVE  
City-State-Zip: FRANKLIN TN 37067

Title SECRETARY  
Name RICHARDSON, KRISTAN L  
Address 1 CORPORATE WAY  
City-State-Zip: LANSING MI 48951

*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:** KRISTAN L. RICHARDSON

**SECRETARY**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date