



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. ID No. 000159910

2. Exact Name of the Limited Liability Company Jackson National Life Distributors LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MARKETING OF JACKSON NATIONAL LIFE INSURANCE COMPANY'S PRODUCTS AND SERVICES

5. Principal Office Address

No. and Street: 7601 TECHNOLOGY WAY

City or Town: DENVER

State: CO

Zip: 80237

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CURTIS HOWE Contact Title: TAX DIRECTOR

No. and Street: 1 CORPORATE WAY

City or Town: LANSING

State: MI

Zip: 48951

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CLIFFORD JACK	7601 TECHNOLOGY WAY DENVER, CO 80237 USA
MANAGER	THOMAS J MEYER	1 CORPORATE WAY LANSING, MI 48951 USA
MANAGER	MICHAEL WELLS	401 WILSHIRE BLVD, STE 1100 SANTA MONICA, CA 90401 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of October, 2009 at 10:13:06 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By THOMAS J. MEYER
Signature of Authorized Person

Form No. 632
Revised 09/07

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