| RALPH MOIL  | tate of Rhode Island and Pro<br>Office of the Secreta |  | Fee: \$50.00          |
|---|---|--|-----------------------|
| Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040  |   |  |                       |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 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: 2013  |   |  |                       |
| 1. ID No. <u>000789495</u>  |   |  |                       |
| 2. Exact Name of the Limited Liability Company Guggenheim Distributors, LLC   |   |  |                       |
| 3. State of Formation   |   |  |                       |
| State: <u>KS</u>  |   |  |                       |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>Broker/dealer</u>  |   |  |                       |
| 5. Principal Office Address   |   |  |                       |
| No. and Street: <u>1 SW S</u><br>City or Town: <u>TOPEK</u>   | ECURITY BENEFIT PLACE<br>CA                           | State: <u>KS</u> Zip: <u>66636</u>                                   | 6 Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |  |                       |
| Contact Name:Contact Title:No. and Street:1 SW SECURITY BENEFIT PLACECity or Town:TOPEKAState: KSZip: 66636   |   |  |                       |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |   |  |                       |
| Title   | Individual Name                                       | Addres   |                       |
| MANAGER   | First, Middle, Last, Suffix<br>KEVIN MCGOVERN         | Address, City or Town, State<br>805 KING FARM BOUL<br>TOPEKA, KS 208 | EVARD, SUITE 600      |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11<br><u>CT CORPORATION SYSTEM</u> 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST<br>PROVIDENCE, RI 02914                                |   |  |                       |

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

**Signed this 9 Day of October, 2013 at 12:08:50 PM 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 KEVIN MCGOVERN

Signature of Authorized Person

Form No. 632 Revised 09/07

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