



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2013

**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 COMPANYS 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: Contact Title:

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	300 INNOVATION DRIVE FRANKLIN, TN 37067 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 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
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 24 Day of October, 2013 at 1:40:48 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 THOMAS J. MEYER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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