	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability C	Company	
Annual Report		
Filing Period: Septemb	per 1 - November 1	
	.G.L. 7-16-66(d), each limited liability company failing or refusing	
	within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subject	to a penalty fee of \$25.00.	
ANNUAL REPORT YE	EAR: <u>2016</u>	
1. ID No. <u>00105</u>	0146	
2. Exact Name of th	ne Limited Liability Company Pacific Select Distributors, LLC	
3. State of Formation	on	
State: DE		
	ARTICLE III	
	ARTICLE III AICS codes, please select the code that best describes your business.	
Using the following N/	AICS codes, please select the code that best describes your business.	
Using the following N/	AICS codes, please select the code that best describes your business.	Island
Using the following N/	AICS codes, please select the code that best describes your business. 6 $\underline{81}$	Island
Using the following N/ NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your business.	Island
Using the following N/ NAICS Code 4. Brief Description of BROKER/DEALER	AICS codes, please select the code that best describes your business.	Island
Using the following N/	AICS codes, please select the code that best describes your business.	Island
Using the following N/ NAICS Code 4. Brief Description of BROKER/DEALER 5. Principal Office Ad	AICS codes, please select the code that best describes your business.	Island
Using the following N/ NAICS Code 4. Brief Description of BROKER/DEALER 5. Principal Office Action No. and Street: 700	AICS codes, please select the code that best describes your business.	
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Using the following N/ NAICS Code 4. Brief Description of BROKER/DEALER 5. Principal Office Ad No. and Street: 700 City or Town: NE 6. Mailing Address of Contact Name: Con No. and Street: 700 City or Town: NE	AICS codes, please select the code that best describes your business. 6 81 of the Character of the Business Which is Actually Conducted in Rhode ddress 0 NEWPORT CENTER DRIVE EWPORT BEACH State: CA Zip: 92660 Country of Limited Liability Company and Name or Title of Contact Person: ntact Title: DNEWPORT CENTER DRIVE WPORT BEACH State: CA Zip: 92660 Country of Limited Liability Company and Name or Title of Contact Person: ntact Title: DNEWPORT CENTER DRIVE WPORT BEACH State: CA Zip: 92660 Country ss of Each Manager of the Limited Liability Company, if Applicable.	y: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 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 25 Day of October, 2016 at 2:14:35 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 JANE M GUON Signature of Authorized Person

Form No. 632 Revised 09/07

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