

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
Jackson Holdings LLC and Jackson National Life Insurance Company Federal SSF (Jackson National Feder

ADDRESS (number and street) 1 Corporate Way
[] (Check if address is changed)
Lansing MI 48951-1001
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
[x] (Check if address is changed) martha.vozza@jackson.com
Optional Second E-Mail Address
outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
[] (Check if address is changed)

2. DATE 03 / 15 / 2021

3. FEC IDENTIFICATION NUMBER C C00686055

4. IS THIS STATEMENT [] NEW (N) OR [x] AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Costello, Michael, , ,

Signature of Treasurer Costello, Michael, , , [Electronically Filed] Date 03 / 23 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Jackson Holdings LLC and Jackson National Life Insurance Company Federal SSF (Jackson National Feder

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Jackson Holdings LLC and Jackson National Life Insurance Company Separate Segregated Fund (Jackson N

Mailing Address 1 Corporate Way
Lansing MI 48951-1001
CITY STATE ZIP CODE

Relationship: [] Connected Organization [x] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Vozza, Martha, , ,
Mailing Address 1 Corporate Way
Lansing MI 48951-1001
CITY STATE ZIP CODE
Title or Position
Custodian of Records Telephone number 517 367 4055

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Costello, Michael, , ,
Mailing Address 1 Corporate Way
Lansing MI 48951-1001
CITY STATE ZIP CODE
Title or Position
Treasurer Telephone number 517 367 3854

Full Name of Designated Agent

Vozza, Martha, , ,

Mailing Address

1 Corporate Way

Lansing

MI

48951-1001

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

517

367

4055

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Northern Trust

Mailing Address

50 South Lasalle Street

Chicago

IL

60603

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Amended to update committee email and bank information.

Form/Schedule:
Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Jackson Holdings LLC and Jackson National Life Insurance Company

Mailing Address

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number --

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲