# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

FORM D

OMB Approval OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response ... 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Janus Institutional Aggressive Grwoth Portfolio	ß	
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section	4(6) ULOE	RECEIVED WILL
Type of Filing:   New Filing   Amendment	37	
A. BASIC IDENTIFICATION DATA		1 1 4000
1. Enter the information requested about the issuer	The state of the s	V & 6006
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Janus Institutional Aggressive Growth Portfolio		250
Address of Executive Offices (Number and Street, City, State, Zip Code) 100 Fillmore Street, Denver, CO 80206-4928	Telephone Number (1763) (303) 333-3863	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Included)	ding Area Code)
Brief Description of Business		
To operate and carry on the business of a private investmen	t trust.	
Type of Business Organization		= *** ***
	other (please specify)	PROCESSED
business trust		
Month Yea	r	JUN 2 5 2002
Actual or Estimated Date of Incorporation or Organization:  0 8 9	6	JUIN 2 3 2002
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation fo	r State;	₱ THOMSON
CN for Canada; FN for other foreign jurisdiction)	NH	FINANCIAL
GENERAL INSTRUCTIONS		
Federal		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99) 1 of 8

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	Promoter		Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, in Janus Capital Corr						
Business or Residence Address 100 Fillmore Street	ss (Number and et, Denver,	Street, <b>CO</b>	City, State, Zip Co 80206-4928	de)		
Check Box(es) that Apply:	□ Promoter		Beneficial Owner	: Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, it Early, Thomas A.	findividual)					
Business or Residence Address 100 Fillmore Street			City, State, Zip Co- 80206-4928	de)		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if Carstensen, Timoth						
Business or Residence Address 100 Fillmore Street			City, State, Zip Co- 80206-4928	de)		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☑ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if Coffin, James J.	individual)					
Business or Residence Address 100 Fillmore Street			City, State, Zip Co. 80206-4928	de)		
Check Box(es) that Apply:	□ Promoter		Beneficial Owner	Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if Gripenstraw, A. An	•					
Business or Residence Addres 100 Fillmore Stree			City, State, Zip Co. 80206-4928	ie)		
Check Box(es) that Apply:	□ Promoter		Beneficial Owner	Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if Matus, Michael	individual)					
Business or Residence Addres 100 Fillmore Stree			City, State, Zip Co. 80206-4928	de)		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	▲ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if Paieski, Kenneth E	,				·	
Business or Residence Addres 100 Fillmore Stree	s (Number and S t, Denver,	Street,	City, State, Zip Co. <b>80206-4928</b>	ie)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# A. BASIC IDENTIFICATION DATA

### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and mar	naging partner of						
Check Box(es) that Apply:	☐ Promotes	□ Be	neficial Owner	🗷 Executiv	e Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i Soderberg, Lars 0.	f individual)						
Business or Residence Addres 100 Fillmore Stree				de)	•		•
Check Box(es) that Apply:	☐ Promote		neficial Owner	🖾 Executi	ve Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, in Shipman, Russell P							
Business or Residence Addre			y, State, Zip Co <b>206–4928</b>	de)			
Check Box(es) that Apply:	☐ Promote	r 🗆 Be	neficial Owner	☑ Executi	ve Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, in Spritzer, Marc A.	f individual)						
Business or Residence Address 100 Fillmore Stree				de)			
Check Box(es) that Apply:	☐ Promote	r □ Be:	neficial Owner	<b>⊠</b> Executiv	ve Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if Whiston, Mark B.	f individual)						
Business or Residence Addres 100 Fillmore Stree				de)			
Check Box(es) that Apply:	☐ Promote	r □ Bei	neficial Owner	Executive     Executi	ve Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, it Walter, Heidi J.	findividual)						
Business or Residence Addres 100 Fillmore Stree			v, State, Zip Co <b>206–4928</b>	de)			
Check Box(es) that Apply:	☐ Promote	r 🛚 Bei	neficial Owner	🗷 Executiv	e Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if Howe, Bonnie M.	findividual)	<b></b>					
Business or Residence Addres 100 Fillmore Stree				de)			
Check Box(es) that Apply:	☐ Promote	r 🛛 Ber	neficial Owner	<b>X</b> Executiv	e Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if Brandt, John A.	individual)					······	
Business or Residence Addres 100 Fillmore Stree				de)		_	

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
     and

Each general and managing partner of partnershi  Check Box(es) that Apply: □ Promoter □ Bet  □ Promoter □ Bet		Executive Officer	□ Director	☐General and/or Managing Partne
Full Name (Last name first, if individual) Rock, Wesley A.				
Business or Residence Address (Number and Street, City 100 Fillmore Street, Denver, CO 8020				
· · · · · · · · · · · · · · · · · · ·	eficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first, if individual)  Madison Cultural Arts Support Trust	···			·
Business or Residence Address (Number and Street, City One South Pickney Street, Suite 816)	, State, Zip Code) Madison, W	I 53703		.,
Check Box(es) that Apply: ☐ Promoter ☑ Ber	eficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first, if individual)  Irving Fireman Relief & Retirement I	und			
Business or Residence Address (Number and Street, City 825 West Irving Blvd., Irving, TX 75	, State, Zip Code) 060			
Check Box(es) that Apply: ☐ Promoter ☑ Ber	eficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first, if individual) Welch, John F.				
Business or Residence Address (Number and Street, City 3135 Easton Turnpike, Fairfield, CT				
	eficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partne
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City	, State, Zip Code)			
Check Box(es) that Apply: ☐ Promoter ☐ Ber	eficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partne
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City	, State, Zip Code)			,×.
Check Box(es) that Apply: ☐ Promoter ☐ Ber	eficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partne
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City	, State, Zip Code)		<del> </del>	

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?		X
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$2,50	0,000.00
	Yes	No
3. Does the offering permit joint ownership of a single unit?	凶	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirecommission or similar remuneration for solicitation of purchasers in connection with sales of securit offering. If a person to be listed is an associated person or agent of a broker or dealer registered with and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be associated persons of such a broker or dealer, you may set forth the information for that broker or dealer.	ties in the the SEC listed are	
Full Name (Last name first, if individual) *The issuer does not intend to pay any coremuneration in connection with the offer or sale of its shares.	mmission or	similar
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	All States	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)	****	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	All States	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	All States	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already :	aggregate offering price of securities included in this offering and the total amount sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offerck this box  and indicate in the column below the amounts of the securities of-			
	exchange and already exchanged.			
	pe of Security	Aggreg Offering	Am	ount Already Sold
De	:bt	\$	 \$	
	uity □ Common □ Preferred	\$		
Co	onvertible Securities (including warrants)	\$	 \$	
	rtnership Interests			
Ot	her (Specify <u>Beneficial Trust Interests</u> )	S_NAV		
	Shares will be offered at net asset value.  Answer also in Appendix, Column 3, if filing under ULOE		 \$	
this offe 504, ind	number of accredited and non-accredited investors who have purchased securities in ering and the aggregate dollar amounts of their purchases. For offerings under Rule licate the number of persons who have purchased securities and the aggregate dollar of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Numb Invest	Dol	aggregate lar Amount Purchases
Ac	ceredited Investors.		 \$	
	on-accredited Investors	_	 \$	_
	Total (for filings under Rule 504 only)	N/A	 \$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE			
securitie months in Part (	ing is for an offering under Rule 504 or 505, enter the information requested for all es sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) prior to the first sale of securities in this offering. Classify securities by type listed C-Question 1.	N/A Type	Dol	lar Amount
1 y	pe of offering	Secur	וטע	Sold
Ru	ale 505		 \$	
Re	egulation A		 s	
Ru	ıle 504		\$	
	Total		 \$	
securitie issuer. 7	sh a statement of all expenses in connection with the issuance and distribution of the es in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an ture is not known, furnish an estimate and check the box to the left of the estimate.			
Tr	ansfer Agent's Fees		\$_	0
Pr	inting and Engraving Costs		S	0
Le	gal Fees		\$	
Ad	counting Fees		\$	_0
En	ngineering Fees		\$_	0
Sa	les Commissions (Specify finder's fees separately)		\$	0
	her Expenses (identify)		\$	0
	Total		\$	0

	uestion 1 and total expenses furnished in	gate offering price given in response to Part C response to Part C-Question 4.a. This difference uer."	е					
u a n	sed for each of the purposes shown. If the n estimate and check the box to the left of	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnis of the estimate. The total of the payments listed the issuer set forth in response to Part C-Question.	h d					
			D	ayments Officers irectors Affiliate	s, , &	Pa	nyments To	
	Calculate and Care			0 0		e	Others <b>O</b>	
		تاً						
		lation of machinery and equipment					0	
		Idings and facilities	1 \$_		⊔	S	0	
	offering that may be used in exchange	ding the value of securities involved in this for the assets or securities of another issuer	s_	0	🗆	\$	0	
	Repayment of indebtedness		! \$_	0	🗆	s	0	
	Working capital		}	0_	□	\$	0	
	Other (specify) Purchase Inve	\$_	00		s_			
			-, \$_	0	🗆	\$_	0	
				0		S -		
	•	als added)			 □ s			
		D. FEDERAL SIGNATURE				<del></del>	<del></del>	
fallo	wing signature constitutes an undertaking	gned by the undersigned duly authorized person g by the issuer to furnish to the U.S. Securities y the issuer to any non-accredited investor purs	and Ex	change	Comm	issior	1, upon wri	, the
anı	r (Print or Type) us Institutional Aggressive	Signature	Da					. •
	e of Signer (Print or Type)	Title of Signer (Print or Type)	Fe	bruar	<u>y 11,</u>	201	02	
Bon	nie M. Howe	Vice President					<u></u>	
		•						
		ATTENTION						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS