

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 820473
1. Corporation Name
Prudential Select Life Insurance Co. of America

Principal Place of Business: 213 Washington St 6th Floor Newark NJ 07102-2992
Mailing Address: 213 Washington St. 6th Floor Newark, NJ 07102-2992

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: 5/23/1967
4. FEI Number: 41-1760577 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes [X] No []

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (OFF) Registered Agent Signature (required when reissuing) _____ (OFF)

12. OFFICERS AND DIRECTORS

TITLE	C.D.	<input type="checkbox"/> DELETE
NAME	Gregory Winfield Scott	
STREET ADDRESS	56 Livingston Ave	
CITY-STATE-ZIP	Roseland NJ 07068	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Joanne Browaker	
STREET ADDRESS	56 Livingston Ave	
CITY-STATE-ZIP	Roseland NJ 07068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Scott Schmuckle	
STREET ADDRESS	56 Livingston Ave	
CITY-STATE-ZIP	Roseland NJ 07068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Edward Baird	
STREET ADDRESS	56 Livingston Ave	
CITY-STATE-ZIP	Roseland NJ 07068	
TITLE	P.D.	<input type="checkbox"/> DELETE
NAME	Steven Shulman	
STREET ADDRESS	56 Livingston Ave	
CITY-STATE-ZIP	Roseland NJ 07068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Alan Hirschberg	
STREET ADDRESS	56 Livingston Ave	
CITY-STATE-ZIP	Roseland NJ 07068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Comptroller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William Don Alexander	
13 STREET ADDRESS	56 Livingston Ave	
14 CITY-STATE-ZIP	Roseland NJ 07068	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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***150.00

14. I hereby certify that the information appearing on this filing document qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this filing document or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Don Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/98

CR2E034 (10/97)