2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

828347

PRUDENTIAL PROPERTY AND CASUALTY INSURANCE COMPA

Principal Place of Business

23 MAIN ST

HOLMDEL NJ 07733

US

Mailing Address

23 MAIN ST HOLMDEL NJ 07733

2. Principal Place of Business	3. Mailing Address
	213 Washington St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	18th + 100r - TAX Dept
City & State	Çity & State

FILED May 27, 2002 8:00 am § Secretary of State

05-27-2002 90331 042 ***150.00



		NIO WIGONO	⊕ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			ot	DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State	177 0~	4 6	El Number		TA	pplied For	
o.,, a o	_	Newark.	17-	"''	22-2053189		-	ot Applicable	
7:	Country	1 17	Country		22 2000 100				
Zip	Country	07102	Country	5. (Certificate of Status Desired		8.75 Adee Require		
	6. Name and Address of Current Re	egistered Agent		7. I	Name and Address of New Reg	jistered Ag	jent		
			Name						
==:MQLIDAN	CE-COMMISSIONER-OF-FLORIDA								
			-Street Address (P.O. Box Number is Not Acceptable)						
	TE CAPITOL BUILDING	•							
TALLAHA:	SSEE FL 32304							- 1	
			City	City Zip Code					
			0,			FL	1.2.000	, zip 0000	
8. The above	named entity submits this statement for t	he ourpose of changing its re	aistered office or	registered ag	ent, or both, in the State of Florid	da.		ļ	
ę	,	, , , , , , , , , , , , , , , , , , ,	9-11-12-1		,				
٠,									
SIGNATURE .	Signature, typed or printed name of registered agent and	Hitto if analisable (NOTS, D	registered Agent signati	era raquirad whan ra	instations.	DATE			
	Signature, typed or printed traine or registered agent and	THIS II APPRICADIS. (NOTE: N	egistered Agent signati	The required when the	nistating)	DATE			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.0	00	40 51				
	requirement and elects to do so.	After May 1, 2002	Fee will be \$5	50.00	 Election Campaign Finan Trust Fund Contribution. 	cing		0 May Be	
	ria on back)	Make Check Payable	to Department	t of State	Trust Fund Contribution.	L	Addeo	d to Fees	
11.	OFFICERS AND D	PECTOPS	12.		L DITIONS/CHANGES TO OFFICE	EDS AND C	IDECTOR	C INI 11	
		Delete							
TITLE	COB	Le Delete	TITLE	B 000-	Louis Desjado	n	Change	Addition	
NAME	RAFTER, EDWARD M III		NAME	12 012	n St.			\	
STREET ADDRESS	23 MAIN ST.		STREET ADDRESS	α3/1021	91 - 1			}	
CITY-ST-ZIP	HOLMDEL NJ 07733		CITY-ST-ZIP	HOIMA	4, NJ 07733				
TITLE	clo	☐ Delete	TITLE			[Change	☐ Addition	
NAME	PETERSON, CARL A		NAME					ĺ	
STREET ADDRESS	23 MAIN ST.		STREET ADDRESS				•	ſ	
CITY-ST-ZIP	HOLMDEL NJ 07733	•	CITY-ST-ZIP		•				
TITLE		76	TITLE					- Addition	
TITLE NAME	T CONTROL OF THE CONT	☐ Delete	NAME		_, _,	L	Change	☐ Addition	
STREET ADDRESS	CHAPLIN, CHARLES EDWARD		STREET ADDRESS						
CITY-ST-ZIP	751 BROAD ST, 4TH FLOOR		CITY-ST-ZIP					Ì	
CHT-SI-ZIF	NEWARK NJ 07102		CI11-21-21P						
TITLE	FVP .	☐ Delete	TITLE .			[Change	☐ Addition	
NAME	O'LEARY, PAUL G		NAME					J	
STREET ADDRESS	100 MULBERRY STREET		STREET ADDRESS						
CITY-ST-ZIP	NEWARK NJ 07102		CITY-ST-ZIP						
TITLE	VPA	Delete	TITLE	VPA		Г	Change	Addition	
NAME	SHEPHERD, LINDA A	بارازور بح	NAME		ean Himmelber	ger "		(E) . (30,110)	
STREET ADDRESS	.23 MAIN ST.		STREET ADDRESS	Amy J 23 Mc	in St.	•			
CITY-ST-ZIP	HOLMOEL NJ 07733		CITY-ST-ZIP						
				Holm	del, NI 07/02				
TITLE	D	Delete Delete	TITLE	A7	ic Flore ishington St.		Change	Addition	
NAME	BYRON, JAMES T		NAME	Domini	6 7107E			}	
STREET ADDRESS	23 MAIN ST		STREET ADDRESS	213 WC	150108 to 1 3 1 .	. _			
CITY-ST-ZIP	HOLMDEL NJ 07733		CITY-ST-ZIP	Newoo	CK NA 07/0	, —C		İ	
12 I horoby o	sertify that the information cumplied with th	do filing door not qualify for th	o avamation stat	ad in Continu	110 07(2Vi) Florida Statutan I fo	rthor ood:f	. 41		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Atlatchment

11828347

PRUDENTIAL PROPERTY AND CASUALTY INSURANCE COMPANY OFFICERS AND DIRECTORS LIST BUSINESS ADDRESSES

DIRECTORS

James Thomas Byron
23 Main Street
Holmdel, New Jersey 07733

Roger Louis Desjadon 23 Main Street Holmdel, New Jersey 07733

Howard Veail Dempster 23 Main Street Holmdel, New Jersey 07733

John Warren Greene 8440 Allison Pointe Boulevard, Suite 230 Indianapolis, Indiana 46250

Sharon Leslie Helldorfer 23 Main Street Holmdel, New Jersey 07733

Brendan Patrick Houlihan 23 Main Street Holmdel, New Jersey 07733

Robert William Mueller 5915 Landerbrook Drive Cleveland, Ohio 44124 - 4058

Robert William Mueller 23 Main Street Holmdel, New Jersey 07733

Joseph John Pecoraro 23 Main Street Holmdel, New Jersey 07733