

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06309

FILED
Apr 01, 2009
Secretary of State

Entity Name: PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

Current Principal Place of Business:

100 MULBERRY STREET
NEWARK, NJ 07102

New Principal Place of Business:

Current Mailing Address:

100 MULBERRY STREET
NEWARK, NJ 07102 US

New Mailing Address:

213 WASHINGTON STREET
8TH FLOOR - TAX DEPARTMENT
NEWARK, NJ 07102 US

FEI Number: 06-1050034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIM, JOHN Y
Address: 280 TRUMBULL STREET
City-St-Zip: HARTFORD, CT 06103

Title: V () Delete
Name: ARRON, CARLOS M.
Address: 2 GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102

Title: D () Delete
Name: CASTELLANI, DAVID J.
Address: 200 TRUMBULL STREET
City-St-Zip: HARTFORD, CT 06103

Title: S () Delete
Name: WIEIER, STEPHEN E.
Address: 200 WOOD AVE.
City-St-Zip: ISELIN, NJ 08830

Title: AC () Delete
Name: PAVLOU, JANICE
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

Title: AC () Delete
Name: NOWAKOWSKI, CAROL
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE PAVLOU

AC

04/01/2009

Electronic Signature of Signing Officer or Director

Date